

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	15-0012	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2008 TIME 17:57

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY  
CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE,  
IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR  
INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES  
AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR  
MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

ST JOSEPH REG MED CTR - SB CAMPUS

15-0012

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND  
BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE  
WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS  
REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN  
COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3		4
1	HOSPITAL	0	1,195,245	-131,011	0
2	SUBPROVIDER	0	-229,487	0	0
100	TOTAL	0	965,758	-131,011	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it  
displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time  
required to complete this information collection is estimated 662 hours per response, including the time to review instructions,  
search existing resources, gather the data needed, and complete and review the information collection. If you have any comments  
concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare &  
Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and  
Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2008)  
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA  
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
I 15-0012 I FROM 7/ 1/2007 I WORKSHEET S-2  
I TO 6/30/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 801 EAST LASALLE P.O. BOX: 1935  
1.01 CITY: SOUTH BEND STATE: IN ZIP CODE: 46617- COUNTY: ST JOSEPH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	ST JOSEPH REG MED CTR - SB CAMPUS	15-0012		7/ 1/1966	N P P
03.00 SUBPROVIDER	ST JOSEPH REG MED CTR - REHAB UNIT	15-T012		6/ 1/1983	N P P
17	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008			1 2	
18	TYPE OF CONTROL			1	
	TYPE OF HOSPITAL/SUBPROVIDER				
19	HOSPITAL			1	
20	SUBPROVIDER			5	
	OTHER INFORMATION				
21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y				
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 43780				
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1				
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1				
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N				
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER? N				
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N				
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /				
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /				
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /				
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y				
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y				
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y				
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N				
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N				
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y				

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96 (05/2008) CONTD  
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
IDENTIFICATION DATA      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET S-2  
I TO 6/30/2008 I

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	0			
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3 4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0	
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)				
28.03	STAFFING		%	Y/N	
28.04	RECRUITMENT		0.00%		
28.05	RETENTION		0.00%		
28.06	TRAINING		0.00%		
28.07			0.00%		
28.08			0.00%		
28.09			0.00%		
28.10			0.00%		
28.11			0.00%		
28.12			0.00%		
28.13			0.00%		
28.14			0.00%		
28.15			0.00%		
28.16			0.00%		
28.17			0.00%		
28.18			0.00%		
28.19			0.00%		
28.20			0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
	MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2				
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		V	XVIII	XIX
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	1	2	3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE		N	Y	N



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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
IDENTIFICATION DATA I 15-0012 I FROM 7/ 1/2007 I WORKSHEET S-2  
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WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N  
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N  
TITLE XIX INPATIENT SERVICES  
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 15H034  
40.01 NAME: SAINT JOSEPH REG MED CTR INC FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 00130  
40.02 STREET: 801 EAST LASALLE P.O. BOX: 1935  
40.03 CITY: SOUTH BEND STATE: IN ZIP CODE: 46617-  
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).  
IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR  
CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.  
(SEE 42 CFR 413.13.)  

	PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /					
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 0 PAID LOSSES: 0 AND/OR SELF INSURANCE: 0					
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d) (1) (iii) (2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					

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IDENTIFICATION DATA      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET S-2  
I TO 6/30/2008 I

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTICAMPUS  
61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. N  
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  
NAME COUNTY STATE ZIP CODE CBSA FTE/CAMPUS

62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

		I/P DAYS /		O/P VISITS	TRIPS		INTERNS & RES. FTES	
COMPONENT		TITLE XIX OBSERVATION BEDS		TOTAL	TOTAL OBSERVATION BEDS		TOTAL	& RES. FTES
		ADMITTED	NOT ADMITTED	ALL PATS	ADMITTED	NOT ADMITTED		LESS I&R REPI
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			44,334				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			44,334				
6	INTENSIVE CARE UNIT			4,852				
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
10	NEONATAL INTENSIVE CARE UNIT			2,161				
11	NURSERY			2,261				
12	TOTAL			53,608			24.60	
13	RPCH VISITS							
14	SUBPROVIDER			5,955			.07	
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16	01 ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY							
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
25	TOTAL						24.67	
26	OBSERVATION BED DAYS	36	351	2,434	306	2,128		
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

		I & R FTES	--- FULL TIME EQUIV ---		----- DISCHARGES -----			
COMPONENT		NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					5,362	1,867	12,344
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
10	NEONATAL INTENSIVE CARE UNIT							
11	NURSERY							



Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96 (04/2005) CONTD  
HOSPITAL AND HOSPITAL HEALTH CARE      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
COMPLEX STATISTICAL DATA      I 15-0012      I FROM 7/ 1/2007      I WORKSHEET S-3  
I TO 6/30/2008      I PART I

		I & R FTES	--- FULL TIME	EQUIV ---		DISCHARGES		
COMPONENT		NET	EMPLOYEES	NONPAID	TITLE	TITLE	TITLE	TOTAL ALL
		9	ON PAYROLL	WORKERS	V	XVIII	XIX	PATIENTS
		10	11	12	13	14	15	
12	TOTAL	24.60	1,229.20			5,362	1,867	12,344
13	RPCH VISITS							
14	SUBPROVIDER	.07	33.80			281		434
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16	01 ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY							
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
25	TOTAL	24.67	1,263.00					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	64,318,290		64,318,290	2,635,439.00	24.41	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A	106,282		106,282	1,798.00	59.11	
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,285,232		1,285,232	50,780.00	25.31	
5.01	PHYSICIAN - PART B	216,534		216,534	6,384.00	33.92	
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)	3,275,371	-1,990,139	1,285,232	38,319.00	33.54	
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL						
8.01	SNF	3,650,281	93,759	3,744,040	147,977.00	25.30	
9	EXCLUDED AREA SALARIES						
9.01	OTHER WAGES & RELATED COSTS						
9.02	CONTRACT LABOR:	772,259		772,259	11,237.00	68.72	
9.03	PHARMACY SERVICES UNDER CONTRACT						
10	LABORATORY SERVICES UNDER CONTRACT						
10.01	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
11	CONTRACT LABOR: PHYS PART A						
12	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12.01	HOME OFFICE SALARIES & WAGE RELATED COSTS	18,301,116		18,301,116	367,609.00	49.78	
13	HOME OFFICE: PHYS PART A						
14	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
15	WAGE RELATED COSTS						
16	WAGE-RELATED COSTS (CORE)	15,149,995		15,149,995			CMS 339
17	WAGE-RELATED COSTS (OTHER)						CMS 339
18	EXCLUDED AREAS	900,596		900,596			CMS 339
19	NON-PHYS ANESTHETIST PART A						CMS 339
20	NON-PHYS ANESTHETIST PART B	53,823		53,823			CMS 339
21	PHYSICIAN PART A	25,866		25,866			CMS 339
22	PART A TEACHING PHYSICIANS	285,504		285,504			CMS 339
23	PHYSICIAN PART B						CMS 339
24	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
25	INTERNS & RESIDENTS (APPRVD)	366,653		366,653			CMS 339
26	OVERHEAD COSTS - DIRECT SALARIES						
27	EMPLOYEE BENEFITS	766,749		766,749	33,224.00	23.08	
28	ADMINISTRATIVE & GENERAL	4,344,703	-28,960	4,315,743	166,321.00	25.95	
29	A & G UNDER CONTRACT						
30	MAINTENANCE & REPAIRS						
31	OPERATION OF PLANT	1,524,526		1,524,526	77,439.00	19.69	
32	LAUNDRY & LINEN SERVICE	903,275		903,275	68,139.00	13.26	
33	HOUSEKEEPING	1,572,540		1,572,540	125,605.00	12.52	
34	HOUSEKEEPING UNDER CONTRACT						
35	DIETARY	1,575,088	-377,503	1,197,585	85,359.00	14.03	
36	DIETARY UNDER CONTRACT						
37	CAFETERIA		377,503	377,503	26,935.00	14.02	
38	MAINTENANCE OF PERSONNEL						
39	NURSING ADMINISTRATION	1,630,710	6,346	1,637,056	51,111.00	32.03	
40	CENTRAL SERVICE AND SUPPLY	413,243		413,243	28,242.00	14.63	
41	PHARMACY	2,261,129		2,261,129	65,425.00	34.56	
42	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,158,852		1,158,852	64,472.00	17.97	
43	SOCIAL SERVICE	1,484,981		1,484,981	70,142.00	21.17	
44	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	59,541,153	1,990,139	61,531,292	2,539,956.00	24.23	
2	EXCLUDED AREA SALARIES	3,650,281	93,759	3,744,040	147,977.00	25.30	
3	SUBTOTAL SALARIES	55,890,872	1,896,380	57,787,252	2,391,979.00	24.16	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	19,073,375		19,073,375	378,846.00	50.35	
5	SUBTOTAL WAGE-RELATED COSTS	15,175,861		15,175,861		26.26	
6	TOTAL	90,140,108	1,896,380	92,036,488	2,770,825.00	33.22	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						

13	TOTAL OVERHEAD COSTS	17,635,796	-22,614	17,613,182	862,414.00	20.42
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Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
HOSPITAL UNCOMPENSATED CARE DATA      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
I 15-0012      I FROM 7/ 1/2007      I WORKSHEET S-10  
I TO 6/30/2008      I  
I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER  
LINES 2.01 THRU 2.04
- 2.01 IS IT AT THE TIME OF ADMISSION?
- 2.02 IS IT AT THE TIME OF FIRST BILLING?
- 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
- 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE  
JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)  
DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET  
WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD  
DEBT AND CHARITY CARE? IF YES ANSWER 8.01
- 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT  
SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN  
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
- 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE  
ELIGIBILITY?
- 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE  
CHARITY FROM BAD DEBT?
- 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON  
CHARITY DETERMINATION?
- 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE  
DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS  
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO  
BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY  
LEVEL? IF YES ANSWER 11.01 THRU 11.04
- 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL  
POVERTY LEVEL?
- 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%  
OF THE FEDERAL POVERTY LEVEL?
- 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%  
OF THE FEDERAL POVERTY LEVEL?
- 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF  
THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME  
PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH  
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY  
MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?  
IF YES ANSWER LINES 14.01 AND 14.02
- 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT  
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING  
COMPENSATED CARE?
- 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM  
GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE  
TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE  
CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE 14,474,000
- 17.01 GROSS MEDICAID REVENUES 33,250,000
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 47,724,000
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL  
INDIGENT CARE PROGRAMS 33,250,000
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,  
DIVIDED BY COLUMN 8, LINE 103) .362950
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  
(LINE 23 \* LINE 24) 12,068,088
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 33,250,000



Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB    CAMPUS    IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
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HOSPITAL UNCOMPENSATED CARE DATA    I    15-0012    I FROM 7/ 1/2007    I WORKSHEET S-10  
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I    I    I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	12,068,088
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	14,474,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,253,338
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	24,136,176
	(SUM OF LINES 25, 27, AND 29)	

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				9,330,497	9,330,497
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,436,016	5,436,016
5	0500 EMPLOYEE BENEFITS	766,749	-2,880,922	-2,114,173	2,006,533	-107,640
6.01	0610 NONPATIENT TELEPHONES	356,047	146,864	502,911	-3,108	499,803
6.02	0620 DATA PROCESSING					
6.03	0630 PURCHASING, RECEIVING AND STORES		1,810	1,810		1,810
6.04	0640 ADMITTING	866,858	473,339	1,340,197	-6,491	1,333,706
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE					
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	3,121,798	52,431,046	55,552,844	-10,815,886	44,736,958
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,524,526	3,680,379	5,204,905	-78,937	5,125,968
9	0900 LAUNDRY & LINEN SERVICE	903,275	933,567	1,836,842	-26,459	1,810,383
10	1000 HOUSEKEEPING	1,572,540	1,157,942	2,730,482	-2,184	2,728,298
11	1100 DIETARY	1,575,088	2,518,504	4,093,592	-1,161,874	2,931,718
12	1200 CAFETERIA				1,140,794	1,140,794
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,630,710	944,759	2,575,469	5,134	2,580,603
15	1500 CENTRAL SERVICES & SUPPLY	413,243	924,457	1,337,700	-10,005	1,327,695
16	1600 PHARMACY	2,261,129	8,445,010	10,706,139	-7,796,939	2,909,200
17	1700 MEDICAL RECORDS & LIBRARY	1,158,852	1,419,924	2,578,776	-93,239	2,485,537
18	1800 SOCIAL SERVICE	836,802	311,668	1,148,470	-1,160	1,147,310
18.01	1950 STERILE SUPPLY	648,179	688,952	1,337,131	-54,780	1,282,351
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	3,275,371	1,517,204	4,792,575	-3,189,890	1,602,685
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				3,294,556	3,294,556
24	2400 PARAMED ED PRGM				88,718	88,718
24.01	2401 CLINICAL PASTORAL EDUCATION	164,454	57,625	222,079	50,926	273,005
24.02	2402 PHARMACY RESIDENCY PROGRAMS	245,136	87,886	333,022		333,022
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	15,357,973	7,345,726	22,703,699	-2,546,948	20,156,751
26	2600 INTENSIVE CARE UNIT	2,467,605	1,049,709	3,517,314	30,552	3,547,866
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2060 NEONATAL INTENSIVE CARE UNIT	1,008,455	388,839	1,397,294	169,136	1,566,430
31	3100 SUBPROVIDER	1,826,190	1,266,009	3,092,199	56,237	3,148,436
33	3300 NURSERY				1,819,282	1,819,282
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	5,452,014	22,781,132	28,233,146	-14,467,516	13,765,630
38	3800 RECOVERY ROOM	810,227	429,579	1,239,806	-1,105	1,238,701
39	3900 DELIVERY ROOM & LABOR ROOM				354,308	354,308
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	4,180,893	10,775,576	14,956,469	-5,815,856	9,140,613
42	4200 RADIOLOGY-THERAPEUTIC	1,044,750	1,447,941	2,492,691	-976,566	1,516,125
43	4300 RADIOISOTOPE					
44	4400 LABORATORY		9,015,680	9,015,680	-578,826	8,436,854
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,257,826	824,165	2,081,991	-111,458	1,970,533
50	5000 PHYSICAL THERAPY	1,245,870	551,600	1,797,470	-81,363	1,716,107
51	5100 OCCUPATIONAL THERAPY	544,265	298,650	842,915	-1,122	841,793
52	5200 SPEECH PATHOLOGY	696,743	215,351	912,094	-16,281	895,813
53	5300 ELECTROCARDIOLOGY	592,675	647,141	1,239,816	-68,763	1,171,053
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	107	2,173,010	2,173,117	17,148,528	19,321,645
56	5600 DRUGS CHARGED TO PATIENTS	306,206	337,321	643,527	7,725,411	8,368,938
57	5700 RENAL DIALYSIS	217	1,484,293	1,484,510	-11,582	1,472,928
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC		56,141	56,141		56,141
60.01	6001 OCC HL					
60.02	6002 SISTER MAURA BRANNICK HEALTH CENTER	756,121	468,869	1,224,990	-41,382	1,183,608
60.03	6040 FAMILY MEDICINE CENTER	790,810	911,347	1,702,157	-607,232	1,094,925
60.04	6003 WND CA	19,675	97,971	117,646		117,646
60.05	4950 OUTPATIENT TREATMENT & INFUSION	236,521	93,848	330,369	-5,099	325,270
60.06	6004 PED CL	350,173	463,616	813,789	-95,840	717,949
61	6100 EMERGENCY	2,637,716	1,363,427	4,001,143	134,233	4,135,376
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					

71	7100	HOME HEALTH AGENCY
		SPEC PURPOSE COST CENTERS
86	8600	OTHER ORGAN ACQUISITION

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RECLASSIFICATION AND ADJUSTMENT OF      I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
TRIAL BALANCE OF EXPENSES      I 15-0012 I FROM 7/ 1/2007 I WORKSHEET A  
I I TO 6/30/2008 I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	62,903,789	137,346,955	200,250,744	122,970	200,373,714
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601	SPORTS MED-ATHLETIC TRAINERS	150,261	33,203	183,464	-56,496	126,968
96.03	9603	RESEARCH STUDY-CARDIOLOGY					
96.04	9604	CHILD DAY CARE	331,231	211,346	542,577		542,577
96.05	9605	SICK BAY	1,907	369	2,276		2,276
96.06	9606	BEAUTY SHOP					
96.07	9607	OUTSIDE LAUNDRY					
96.09	9609	CRIPPLED CHILDREN'S CLINIC					
96.10	9610	OUTREACH SERVICES	328,046	249,450	577,496	-57,690	519,806
96.11	9611	SJRMCI, INC		14,039	14,039		14,039
96.12	9612	ST JOSEPH REG MED CTR-PLY					
96.13	9613	REHAB SUBACUTE					
96.14	9614	UNUSED SPACE					
96.15	9615	ST JOSEPH PHYSICIAN NETWORK					
96.16	9616	OFFSITE CHAPLAINS	48,928	6,379	55,307		55,307
96.17	9617	ST JOSEPH REG MED CTR-MISH					
96.18	9618	VNA		498	498		498
96.19	9619	OUR LADY OF PEACE (LTAC)					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	PERINATOLOGIST	222,325	89,206	311,531	-8,784	302,747
98.02	9802	NEONATOLOGIST	331,803	114,338	446,141		446,141
99	9900	NONPAID WORKERS					
101		TOTAL	64,318,290	138,065,783	202,384,073	-0-	202,384,073

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1996) CONTD  
RECLASSIFICATION AND ADJUSTMENT OF      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
TRIAL BALANCE OF EXPENSES      I 15-0012      I FROM 7/ 1/2007      I WORKSHEET A  
I TO 6/30/2008      I

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-5,061,366	4,269,131
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	4,751,603	10,187,619
5	0500	EMPLOYEE BENEFITS	107,640	
6.01	0610	NONPATIENT TELEPHONES	-22,757	477,046
6.02	0620	DATA PROCESSING		
6.03	0630	PURCHASING, RECEIVING AND STORES	-115	1,695
6.04	0640	ADMITTING	-13	1,333,693
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE		
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	-8,788,042	35,948,916
7	0700	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT	-34,101	5,091,867
9	0900	LAUNDRY & LINEN SERVICE	657,364	2,467,747
10	1000	HOUSEKEEPING	-14,897	2,713,401
11	1100	DIETARY	-139,582	2,792,136
12	1200	CAFETERIA	-1,161,598	-20,804
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION	-22,269	2,558,334
15	1500	CENTRAL SERVICES & SUPPLY	-50	1,327,645
16	1600	PHARMACY	-138,983	2,770,217
17	1700	MEDICAL RECORDS & LIBRARY	-32,311	2,453,226
18	1800	SOCIAL SERVICE	-28	1,147,282
18.01	1950	STERILE SUPPLY		1,282,351
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		1,602,685
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-508,816	2,785,740
24	2400	PARAMED ED PRGM		88,718
24.01	2401	CLINICAL PASTORAL EDUCATION	-13,276	259,729
24.02	2402	PHARMACY RESIDENCY PROGRAMS	-1,915	331,107
25	2500	INPAT ROUTINE SRVC CNTRS		
26	2600	ADULTS & PEDIATRICS	-147,773	20,008,978
27	2700	INTENSIVE CARE UNIT	-20,416	3,527,450
28	2800	CORONARY CARE UNIT		
29	2900	BURN INTENSIVE CARE UNIT		
30	2900	SURGICAL INTENSIVE CARE UNIT		
31	2060	NEONATAL INTENSIVE CARE UNIT	-331,334	1,235,096
32	3100	SUBPROVIDER	-1,706	3,146,730
33	3300	NURSERY		1,819,282
34	3400	SKILLED NURSING FACILITY		
35	3500	NURSING FACILITY		
35.01	3510	ICF/MR		
36	3600	OTHER LONG TERM CARE		
37	3700	ANCILLARY SRVC COST CNTRS		
38	3700	OPERATING ROOM	-488,404	13,277,226
39	3800	RECOVERY ROOM	-53	1,238,648
40	3900	DELIVERY ROOM & LABOR ROOM		354,308
41	4000	ANESTHESIOLOGY		
42	4100	RADIOLOGY-DIAGNOSTIC	-318,240	8,822,373
43	4200	RADIOLOGY-THERAPEUTIC	-91,821	1,424,304
44	4300	RADIOISOTOPE		
45	4400	LABORATORY		8,436,854
46	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
47	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
48	4700	BLOOD STORING, PROCESSING & TRANS.		
49	4800	INTRAVENOUS THERAPY		
50	4900	RESPIRATORY THERAPY	-16,560	1,953,973
51	5000	PHYSICAL THERAPY	-1,560	1,714,547
52	5100	OCCUPATIONAL THERAPY	-185	841,608
53	5200	SPEECH PATHOLOGY	-134	895,679
54	5300	ELECTROCARDIOLOGY	-22,050	1,149,003
55	5400	ELECTROENCEPHALOGRAPHY		
56	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-52	19,321,593
57	5600	DRUGS CHARGED TO PATIENTS	-41	8,368,897
58	5700	RENAL DIALYSIS	-1,338,873	134,055
60	5800	ASC (NON-DISTINCT PART)		
60.01	6000	OUTPAT SERVICE COST CNTRS		
60.02	6001	CLINIC		56,141
60.03	6001	OCC HL		
60.04	6002	SISTER MAURA BRANNICK HEALTH CENTER	-396,855	786,753
60.05	6003	FAMILY MEDICINE CENTER	-3,182	1,091,743
60.06	6003	WND CA	-118	117,528
61	6004	OUTPATIENT TREATMENT & INFUSION		325,270
62	6004	PED CL	-346,295	371,654
63	6100	EMERGENCY	-273,274	3,862,102
64	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
65	6400	OTHER REIMBURS COST CNTRS		
66	6500	HOME PROGRAM DIALYSIS		
67	6600	AMBULANCE SERVICES		
68	6700	DURABLE MEDICAL EQUIP-RENTED		
69	6800	DURABLE MEDICAL EQUIP-SOLD		
70	6900	CORF		
71	7000	I&R SERVICES-NOT APPRVD PRGM		

71	7100	HOME HEALTH AGENCY
		SPEC PURPOSE COST CENTERS
86	8600	OTHER ORGAN ACQUISITION

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996) CONTD  
 RECLASSIFICATION AND ADJUSTMENT OF I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 TRIAL BALANCE OF EXPENSES I 15-0012 I FROM 7/ 1/2007 I WORKSHEET A  
 I I TO 6/30/2008 I

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D.P.)		
93	9300	HOSPICE		
95		SUBTOTALS	-14,222,438	186,151,276
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601	SPORTS MED-ATHLETIC TRAINERS	-13,450	113,518
96.03	9603	RESEARCH STUDY-CARDIOLOGY		
96.04	9604	CHILD DAY CARE	-20,368	522,209
96.05	9605	SICK BAY	-773	1,503
96.06	9606	BEAUTY SHOP		
96.07	9607	OUTSIDE LAUNDRY		
96.09	9609	CRIPPLED CHILDREN'S CLINIC		
96.10	9610	OUTREACH SERVICES	-42,417	477,389
96.11	9611	SJRCM, INC		14,039
96.12	9612	ST JOSEPH REG MED CTR-PLY		
96.13	9613	REHAB SUBACUTE		
96.14	9614	UNUSED SPACE		
96.15	9615	ST JOSEPH PHYSICIAN NETWORK		
96.16	9616	OFFSITE CHAPLAINS		55,307
96.17	9617	ST JOSEPH REG MED CTR-MISH		
96.18	9618	VNA		498
96.19	9619	OUR LADY OF PEACE (LTAC)		
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	PERINATOLOGIST		302,747
98.02	9802	NEONATOLOGIST		446,141
99	9900	NONPAID WORKERS		
101		TOTAL	-14,299,446	188,084,627

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996) CONTD  
 COST CENTERS USED IN COST REPORT I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 I 15-0012 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	STERILE SUPPLY	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	CLINICAL PASTORAL EDUCATION	2401	PARAMED ED PRGM
24.02	PHARMACY RESIDENCY PROGRAMS	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OCC HL	6001	CLINIC
60.02	SISTER MAURA BRANNICK HEALTH CENTER	6002	CLINIC
60.03	FAMILY MEDICINE CENTER	4040	FAMILY PRACTICE
60.04	WND CA	6003	CLINIC
60.05	OUTPATIENT TREATMENT & INFUSION	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.06	PED CL	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	

86 SPEC PURPOSE COST CE  
OTHER ORGAN ACQUISITION

8600

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEN	9600	
96.01	SPORTS MED-ATHLETIC TRAINERS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.03	RESEARCH STUDY-CARDIOLOGY	9603	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.04	CHILD DAY CARE	9604	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.05	SICK BAY	9605	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.06	BEAUTY SHOP	9606	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.07	OUTSIDE LAUNDRY	9607	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.09	CRIPPLED CHILDREN'S CLINIC	9609	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.10	OUTREACH SERVICES	9610	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.11	SJRM, INC	9611	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.12	ST JOSEPH REG MED CTR-PLY	9612	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.13	REHAB SUBACUTE	9613	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.14	UNUSED SPACE	9614	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.15	ST JOSEPH PHYSICIAN NETWORK	9615	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.16	OFFSITE CHAPLAINS	9616	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.17	ST JOSEPH REG MED CTR-MISH	9617	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.18	VNA	9618	GIFT, FLOWER, COFFEE SHOP & CANTEN
96.19	OUR LADY OF PEACE (LTAC)	9619	GIFT, FLOWER, COFFEE SHOP & CANTEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PERINATOLOGIST	9801	PHYSICIANS' PRIVATE OFFICES
98.02	NEONATOLOGIST	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96 (09/1996)

RECLASSIFICATIONS	PROVIDER NO: 150012	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 11/24/2008 WORKSHEET A-6
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		----- INCREASE -----			
EXPLANATION OF RECLASSIFICATION	CODE	LINE			
	(1) COST CENTER	NO	SALARY	OTHER	
	1	2	3	4	5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,243,666
2 BUILDING DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		7,105,931
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13 EQUIPMENT DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		4,332,285
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
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35					
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4					
5					
6					
7					
8					
9					
10					
11					
12					
13 SB MED FOUNDATION CAPITAL COST	D	NEW CAP REL COSTS-MVBLE EQUIP	4		578,826
14 PARAMEDIC EDUCATION	E	PARAMED ED PRGM	24	71,145	17,573
15 OBSTETRICS RECLASS	F	NURSERY	33	986,799	832,483
16		DELIVERY ROOM & LABOR ROOM	39	192,181	162,127
17 CAFETERIA RECLASS #1	G	CAFETERIA	12	221,772	724,825
18 CAFETERIA RECLASS #2	H	CAFETERIA	12	155,731	38,466
19 IMPLANTS RECLASS	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		13,756,251
20		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,636,116
21 PROPERTY INSURANCE	J	NEW CAP REL COSTS-BLDG & FIXT	3		162,151
22 PHARMACY	K	DRUGS CHARGED TO PATIENTS	56		7,728,411
23 CHAPLAINCY RECLASS TO CPE	L	CLINICAL PASTORAL EDUCATION	24.01	22,614	28,312
24 RESIDENT SUPPORT STAFF RECLASS	M	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,990,139	1,199,751
25 MEDICAL DIRECTOR RECLASS	N	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		161,171
26		INTENSIVE CARE UNIT	26		68,292
27		OPERATING ROOM	37		103,483
28		RADIOLOGY-THERAPEUTIC	42		28,607
29		RESPIRATORY THERAPY	49		50,621
30		ELECTROCARDIOLOGY	53		24,837
31		SISTER MAURA BRANNICK HEALTH CENTER	60.02		41,715
32		EMERGENCY	61		253,819
33		SUBPROVIDER	31		79,537
34		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		13,978
35		NEONATAL INTENSIVE CARE UNIT	30		183,154

		----- INCREASE -----			
EXPLANATION OF RECLASSIFICATION		CODE	LINE		
		(1) COST CENTER	NO	SALARY	OTHER
		1	3	4	5
1	EMPLOYEE BENEFITS TO A & G	O EMPLOYEE BENEFITS	5		2,006,533
2	EQUIPMENT RENTAL RECLASS	P NEW CAP REL COSTS-MVBLE EQUIP	4		524,905
3					
4					
5					
6					
7					
8					
9					
10					
11	BUILDING RENTAL RECLASS	Q NEW CAP REL COSTS-BLDG & FIXT	3		818,749
12					
13					
14					
15					
16					
17					
18					
19					
20	NURSING SALARY RECLASS	R NURSING ADMINISTRATION	14	6,346	1,815
36	TOTAL RECLASSIFICATIONS			3,646,727	45,908,390

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96 (09/1996)

RECLASSIFICATIONS	PROVIDER NO: 150012	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 11/24/2008	WORKSHEET A-6
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DECREASE						A-7
EXPLANATION OF RECLASSIFICATION	CODE	LINE				REF
	(1)	NO	SALARY	OTHER		
	1	7	8	9		10
1 INTEREST EXPENSE	A	6.06		1,243,666		11
2 BUILDING DEPRECIATION	B	6.06		6,277,180		9
3		8		3,968		9
4		17		38,352		9
5		23		59,076		9
6		25		67,232		9
7		60.06		46,920		9
8		37		316		9
9		41		4,270		9
10		42		289,080		9
11		60.02		37,500		9
12		60.03		282,037		9
13 EQUIPMENT DEPRECIATION	C	8		73,583		9
14		9		26,459		9
15		10		2,184		9
16		11		21,080		9
17		14		3,027		9
18		15		10,005		9
19		16		68,528		9
20		17		16,535		9
21		18		1,160		9
22		18.01		54,780		9
23		23		8,827		9
24		25		306,126		9
25		26		37,740		9
26		30		14,018		9
27		31		21,666		9
28		37		690,658		9
29		38		1,105		9
30		41		1,977,617		9
31		42		406,269		9
32		49		131,475		9
33		50		42,195		9
34		51		1,122		9
35		52		16,281		9
1 EQUIPMENT DEPRECIATION	C	53		93,600		
2		55		134,787		9
3		56		3,000		9
4		57		11,582		9
5		60.02		8,097		9
6		60.03		43,158		9
7		60.05		5,099		9
8		60.06		2,000		9
9		61		30,868		9
10		6.01		3,108		9
11		6.04		6,491		9
12		6.06		58,055		9
13 SB MED FOUNDATION CAPITAL COST	D	44		578,826		14
14 PARAMEDIC EDUCATION	E	61	71,145	17,573		
15 OBSTETRICS RECLASS	F	25	986,799	832,483		
16		25	192,181	162,127		
17 CAFETERIA RECLASS #1	G	11	221,772	724,825		
18 CAFETERIA RECLASS #2	H	11	155,731	38,466		
19 IMPLANTS RECLASS	I	37		13,756,251		
20		41		3,636,116		
21 PROPERTY INSURANCE	J	6.06		162,151		12
22 PHARMACY	K	16		7,728,411		
23 CHAPLAINCY RECLASS TO CPE	L	6.06	22,614	28,312		
24 RESIDENT SUPPORT STAFF RECLASS	M	22	1,990,139	1,199,751		
25 MEDICAL DIRECTOR RECLASS	N	6.06		1,009,214		
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

EXPLANATION OF RECLASSIFICATION	CODE	DECREASE				A-7 REF 10	
		(1)	COST CENTER 6	LINE	SALARY 8		OTHER 9
				NO 7			
1 EMPLOYEE BENEFITS TO A & G	O	OTHER ADMINISTRATIVE AND GENERAL	6.06		2,006,533		
2 EQUIPMENT RENTAL RECLASS	P	OPERATION OF PLANT	8		1,386	9	
3		PHYSICAL THERAPY	50		39,168	9	
4		RESPIRATORY THERAPY	49		30,604	9	
5		RADIOLOGY-DIAGNOSTIC	41		197,853	9	
6		RADIOLOGY-THERAPEUTIC	42		20,744	9	
7		OPERATING ROOM	37		123,774	9	
8		SUBPROVIDER	31		1,634	9	
9		OUTREACH SERVICES	96.10		690	9	
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		109,052	9	
11 BUILDING RENTAL RECLASS	Q	MEDICAL RECORDS & LIBRARY	17		38,352	9	
12		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		2,580	9	
13		RADIOLOGY-THERAPEUTIC	42		289,080	9	
14		SISTER MAURA BRANNICK HEALTH CENTER	60.02		37,500	9	
15		FAMILY MEDICINE CENTER	60.03		282,037	9	
16		PED CL	60.06		46,920	9	
17		SPORTS MED-ATHLETIC TRAINERS	96.01		56,496	9	
18		OUTREACH SERVICES	96.10		57,000	9	
19		PERINATOLOGIST	98.01		8,784	9	
20 NURSING SALARY RECLASS	R	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,815		
36 TOTAL RECLASSIFICATIONS					3,646,727	45,908,390	

1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(09/1996)  
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-0012 I FROM 7/ 1/2007 I WORKSHEET A-7  
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 6/30/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	3,847,368					3,847,368	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	96,939,215	242,301	9,424	251,725	242,507	96,948,433	43,283,337
4	BUILDING IMPROVEMEN	16,816	103,137	3,250	106,387	5,200	118,003	
5	FIXED EQUIPMENT	10,987				10,987		
6	MOVABLE EQUIPMENT	59,904,977	6,310,119	1,916,852	8,226,971	4,494,621	63,637,327	36,008,817
7	SUBTOTAL	160,719,363	6,655,557	1,929,526	8,585,083	4,753,315	164,551,131	79,292,154
8	RECONCILING ITEMS							
9	TOTAL	160,719,363	6,655,557	1,929,526	8,585,083	4,753,315	164,551,131	79,292,154

PART III - RECONCILIATION OF CAPITAL COST CENTERS										
DESCRIPTION		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITIALIZED GROSS ASSETS							
		1	LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL		TOTAL
			2	3	4	5	6	RELATED COSTS	7	8
*										
1	OLD CAP REL COSTS-BL									
2	OLD CAP REL COSTS-MV									
3	NEW CAP REL COSTS-BL									
4	NEW CAP REL COSTS-MV									
5	TOTAL				1.000000					

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4							
DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL					
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL
		9	10	11	12	13	RELATED COST
							TOTAL (1)
							15
1	OLD CAP REL COSTS-BL						
2	OLD CAP REL COSTS-MV						
3	NEW CAP REL COSTS-BL						
4	NEW CAP REL COSTS-MV						
5	TOTAL						

(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(05/1999)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 ADJUSTMENTS TO EXPENSES I 15-0012 I FROM 7/ 1/2007 I WORKSHEET A-8  
 I I TO 6/30/2008 I

1	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			LINE NO 4	WKST. A-7 REF. 5
				COST CENTER 3				
1	INVEST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &			1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E			2	
3	INVEST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &			3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E			4	
5	INVESTMENT INCOME-OTHER							
6	TRADE, QUANTITY AND TIME DISCOUNTS							
7	REFUNDS AND REBATES OF EXPENSES							
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS							
9	TELEPHONE SERVICES	A	-22,740	NONPATIENT TELEPHONES			6.01	
10	TELEVISION AND RADIO SERVICE	A	-33,560	OPERATION OF PLANT			8	
11	PARKING LOT							
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,925,396					
13	SALE OF SCRAP, WASTE, ETC.							
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	4,041,247					
15	LAUNDRY AND LINEN SERVICE	B	657,533	LAUNDRY & LINEN SERVICE			9	
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-1,161,598	CAFETERIA			12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS							
18	SALE OF MED AND SURG SUPPLIES							
19	SALE OF DRUGS TO OTHER THAN PATIENTS							
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-908	MEDICAL RECORDS & LIBRARY			17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)							
22	VENDING MACHINES	B	-25,843	DIETARY			11	
23	INCOME FROM IMPOSITION OF INTEREST							
24	INTRST EXP ON MEDICARE OVERPAYMENTS							
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY			49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY			50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3						
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF			89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &			1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E			2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &			3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E			4	
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS			20	
34	PHYSICIANS' ASSISTANT							
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY			51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY			52	
37	RELIFED ASSET ADJUSTMENT	A	-4,301,295	NEW CAP REL COSTS-BLDG &			3	9
38	ACCELERATED DEPRECIATION	A	-49,201	NEW CAP REL COSTS-BLDG &			3	9
39	CARRYFORWARD 1986 CONSULTING	A	-4,257	NEW CAP REL COSTS-BLDG &			3	9
39.01	CARRYFORWARD 1991 AHA	A	-35,197	NEW CAP REL COSTS-BLDG &			3	9
39.02	CARRYFORWARD 1990 ASSET ADDITIONS	A	1,009	NEW CAP REL COSTS-BLDG &			3	9
39.03	CARRYFORWARD 1990 ADJ TO INVOICE	A	2,942	NEW CAP REL COSTS-BLDG &			3	9
39.04	CARRYFORWARD 1990 AHA	A	-541	NEW CAP REL COSTS-BLDG &			3	9
39.05	CARRYFORWARD 1993 AHA	A	7,942	NEW CAP REL COSTS-BLDG &			3	9
39.06	CARRYFORWARD 1983 CAPITALIZED INT	A	11,922	NEW CAP REL COSTS-BLDG &			3	9
39.07	INTEREST ON CARRYFORWARD	A	-2,026	NEW CAP REL COSTS-BLDG &			3	9
39.08	CARRYFORWARD - CHILLER	A	-8,369	NEW CAP REL COSTS-BLDG &			3	9
39.09	CARRYFORWARD 1996 AHA	A	-91,111	NEW CAP REL COSTS-BLDG &			3	9
40	INTERNATIONAL MEDICINE ADJ	A	-8,613	OTHER ADMINISTRATIVE AND			6.06	
41	ENTERTAINMENT EXPENSE	A	-17	NONPATIENT TELEPHONES			6.01	
41.01	ENTERTAINMENT EXPENSE	A	-115	PURCHASING, RECEIVING AND			6.03	
41.02	ENTERTAINMENT EXPENSE	A	-13	ADMITTING			6.04	
41.03	ENTERTAINMENT EXPENSE	A	-1,767	OTHER ADMINISTRATIVE AND			6.06	
41.04	ENTERTAINMENT EXPENSE	A	-151	OPERATION OF PLANT			8	
41.05	ENTERTAINMENT EXPENSE	A	-37	HOUSEKEEPING			10	
41.06	ENTERTAINMENT EXPENSE	A	-590	DIETARY			11	
41.07	ENTERTAINMENT EXPENSE	A	-1,128	NURSING ADMINISTRATION			14	
41.08	ENTERTAINMENT EXPENSE	A	-50	CENTRAL SERVICES & SUPPLY			15	
41.09	ENTERTAINMENT EXPENSE	A	-2,871	PHARMACY			16	
41.10	ENTERTAINMENT EXPENSE	A	-1,116	MEDICAL RECORDS & LIBRARY			17	
41.11	ENTERTAINMENT EXPENSE	A	-28	SOCIAL SERVICE			18	
41.12	ENTERTAINMENT EXPENSE	A	-9,684	I&R SERVICES-OTHER PRGM C			23	
41.13	ENTERTAINMENT EXPENSE	A	-256	CLINICAL PASTORAL EDUCATI			24.01	
41.14	ENTERTAINMENT EXPENSE	A	-1,915	PHARMACY RESIDENCY PROGRA			24.02	
41.15	ENTERTAINMENT EXPENSE	A	-250	ADULTS & PEDIATRICS			25	
41.16	ENTERTAINMENT EXPENSE	A	-383	INTENSIVE CARE UNIT			26	
41.17	ENTERTAINMENT EXPENSE	A	-112	NEONATAL INTENSIVE CARE U			30	
41.18	ENTERTAINMENT EXPENSE	A	-1,706	SUBPROVIDER			31	
41.19	ENTERTAINMENT EXPENSE	A	-636	OPERATING ROOM			37	
41.20	ENTERTAINMENT EXPENSE	A	-53	RECOVERY ROOM			38	
41.21	ENTERTAINMENT EXPENSE	A	-609	RADIOLOGY-DIAGNOSTIC			41	
41.22	ENTERTAINMENT EXPENSE	A	-1,529	RADIOLOGY-THERAPEUTIC			42	
41.23	ENTERTAINMENT EXPENSE	A	-466	RESPIRATORY THERAPY			49	
41.24	ENTERTAINMENT EXPENSE	A	-390	PHYSICAL THERAPY			50	
41.25	ENTERTAINMENT EXPENSE	A	-185	OCCUPATIONAL THERAPY			51	
41.26	ENTERTAINMENT EXPENSE	A	-134	SPEECH PATHOLOGY			52	
41.27	ENTERTAINMENT EXPENSE	A	-4	ELECTROCARDIOLOGY			53	
41.28	ENTERTAINMENT EXPENSE	A	-52	MEDICAL SUPPLIES CHARGED			55	
41.29	ENTERTAINMENT EXPENSE	A	-41	DRUGS CHARGED TO PATIENTS			56	
41.30	ENTERTAINMENT EXPENSE	A	-232	SISTER MAURA BRANNICK HEA			60.02	
41.31	ENTERTAINMENT EXPENSE	A	-23	FAMILY MEDICINE CENTER			60.03	
41.32	ENTERTAINMENT EXPENSE	A	-118	WND CA			60.04	
41.33	ENTERTAINMENT EXPENSE	A	-3,786	PED CL			60.06	

41.34	ENTERTAINMENT EXPENSE	A	-834	EMERGENCY	61
42	BAD DEBT ADJUSTMENT	A	-8,458,013	OTHER ADMINISTRATIVE AND	6.06

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
(2) Basis for adjustment (see instructions).  
    A. Costs - if cost, including applicable overhead, can be determined.  
    B. Amount Received - if cost cannot be determined.  
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.  
Note: See instructions for column 5 referencing to Worksheet A-7

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(09/2000)  
 STATEMENT OF COSTS OF SERVICES I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 FROM RELATED ORGANIZATIONS AND I 15-0012 I FROM 7/ 1/2007 I  
 HOME OFFICE COSTS I I TO 6/30/2008 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	OTHER ADMINISTRATIVE AND	HO NON CAPITAL COSTS	30,290,151	31,194,533	-904,382	
2	5	EMPLOYEE BENEFITS	EMP HEALTH STOP LOSS	97,180	164,864	-67,684	
3	5	EMPLOYEE BENEFITS	WORKER'S COMP	92,352	419,912	-327,560	
4	3	NEW CAP REL COSTS-BLDG &	PROPERTY INSURANCE	181,072	162,151	18,921	12
4.01	6	OTHER ADMINISTRATIVE AND	MALPRACTICE INSURANCE	270,498	1,127,346	-856,848	
4.02	6	OTHER ADMINISTRATIVE AND	RISK INSURANCE	214,586	225,398	-10,812	
4.03	6	OTHER ADMINISTRATIVE AND	PENSION	3,963,017	2,415,787	1,547,230	
4.04	5	EMPLOYEE BENEFITS	RETIREE HEALTH COSTS	44,331	-458,553	502,884	
4.05	4	NEW CAP REL COSTS-MVBLE E	HO CAPITAL COSTS	4,751,603		4,751,603	9
4.06	3	NEW CAP REL COSTS-BLDG &	INTEREST INCOME FROM HO	-612,105		-612,105	11
5		TOTALS		39,292,685	35,251,438	4,041,247	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	TRINITY HEALTH	100.00	HO OF PARENT COMPANY
2	G	100.00	SJRCM-INC	100.00	PARENT COMPANY
3	G	100.00		100.00	HOSPITAL
4	G	100.00		100.00	HOSPITAL
5	G	100.00		100.00	HOSPITAL

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS      I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0012      I FROM 7/ 1/2007 I WORKSHEET A-8-2

I      I TO 6/30/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 53	AGGREGATE	24,837		24,837	171,400	135	11,125	556
2 49	AGGREGATE	50,621		50,621	171,400	419	34,527	1,726
3 60	2 AGGREGATE	28,372		28,372	171,400	352	29,006	1,450
4 61	AGGREGATE	253,819		253,819	171,400	1,626	133,989	6,699
5 37	AGGREGATE	103,483		103,483	171,400	138	11,372	569
6 26	AGGREGATE	68,292		68,292	171,400	593	48,865	2,443
7 60	2 AGGREGATE	41,715		41,715	171,400	547	45,075	2,254
8 60	6 AGGREGATE	68,889	68,889		171,400			
9 60	6 AGGREGATE	256,325	256,325		171,400			
10 30	AGGREGATE	147,644	147,644		171,400			
11 25	AGGREGATE	36,195		36,195	171,400	240	19,777	989
12 37	AGGREGATE	395,657	395,657					
13 41	AGGREGATE	257,262	257,262					
14 30	AGGREGATE	183,154	183,154					
15 57	AGGREGATE	1,338,873	1,338,873					
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,255,138	2,647,804	607,334		4,050	333,736	16,686

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS      I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0012      I FROM 7/ 1/2007 I WORKSHEET A-8-2

I      I TO 6/30/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 53	AGGREGATE					11,125	13,712	13,712
2 49	AGGREGATE					34,527	16,094	16,094
3 60 2	AGGREGATE					29,006		
4 61	AGGREGATE					133,989	119,830	119,830
5 37	AGGREGATE					11,372	92,111	92,111
6 26	AGGREGATE					48,865	19,427	19,427
7 60 2	AGGREGATE					45,075		
8 60 6	AGGREGATE							68,889
9 60 6	AGGREGATE							256,325
10 30	AGGREGATE							147,644
11 25	AGGREGATE					19,777	16,418	16,418
12 37	AGGREGATE							395,657
13 41	AGGREGATE							257,262
14 30	AGGREGATE							183,154
15 57	AGGREGATE							1,338,873
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					333,736	277,592	2,925,396

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

COST ALLOCATION STATISTICS      I 15-0012      I FROM 7/ 1/2007 I NOT A CMS WORKSHEET

I      I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	61	PHONE	EXTENSIONS	ENTERED
6.02	DATA PROCESSING	62			NOT ENTERED
6.03	PURCHASING, RECEIVING AND STORES	63	SUPPLIES	COST	ENTERED
6.04	ADMITTING	C	GROSS	CHARGES	NOT ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE's		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	NURSING	FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	63	SUPPLIES	COST	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
18.01	STERILE SUPPLY	49	COSTED	REQ	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	30	PARAMEDIC	TIME	ENTERED
24.01	CLINICAL PASTORAL EDUCATION	40	PASTORAL	RES TIME	ENTERED
24.02	PHARMACY RESIDENCY PROGRAMS	50	PHARMACY	TIME	ENTERED

Health Financial Systems		MCRIF32	FOR ST JOSEPH REG MED CTR - SB CAMPUS		IN LIEU OF FORM CMS-2552-96(9/1997)			
			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS			I	15-0012	I	FROM 7/ 1/2007	I	WORKSHEET B
			I		I	TO 6/30/2008	I	PART I
	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE FITS	BENE NONPATIENT TELEPHONES
		0	1	2	3	4	5	6.01
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &	4,269,131			4,269,131			
005	NEW CAP REL COSTS-MVBLE E	10,187,619				10,187,619		
006	EMPLOYEE BENEFITS				22,231	53,050	75,281	
006 01	NONPATIENT TELEPHONES	477,046			12,311	29,378	422	519,157
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND	1,695			28,638	68,339		651
006 04	ADMITTING	1,333,693			16,476	39,316	1,027	3,583
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	OTHER ADMINISTRATIVE AND	35,948,916					3,665	36,152
007	MAINTENANCE & REPAIRS				138,623	330,803		1,628
008	OPERATION OF PLANT	5,091,867			762,428	1,819,417	1,807	19,867
009	LAUNDRY & LINEN SERVICE	2,467,747			114,059	272,183	1,070	3,257
010	HOUSEKEEPING	2,713,401			141,301	337,192	1,863	6,514
011	DIETARY	2,792,136			59,049	140,911	1,419	10,422
012	CAFETERIA	-20,804			83,385	198,984	447	651
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	2,558,334			45,136	107,710	1,940	7,491
015	CENTRAL SERVICES & SUPPLY	1,327,645			76,840	183,367	490	7,165
016	PHARMACY	2,770,217			30,812	73,527	2,679	12,702
017	MEDICAL RECORDS & LIBRARY	2,453,226			42,104	100,475	1,373	45,272
018	SOCIAL SERVICE	1,147,282			43,077	102,796	992	15,308
018 01	STERILE SUPPLY	1,282,351			95,730	228,444	768	
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	1,602,685					1,523	
023	I&R SERVICES-OTHER PRGM C	2,785,740			28,512	68,039	2,358	8,794
024	PARAMED ED PRGM	88,718			2,391	5,706	84	326
024 01	CLINICAL PASTORAL EDUCATI	259,729			12,265	29,269	222	326
024 02	PHARMACY RESIDENCY PROGRA	331,107					290	
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	20,008,978			813,181	1,940,532	16,778	71,652
026	INTENSIVE CARE UNIT	3,527,450			53,065	126,631	2,924	4,560
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	1,235,096			7,048	16,819	1,195	5,211
031	SUBPROVIDER	3,146,730			107,846	257,358	2,164	6,188
033	NURSERY	1,819,282			6,613	15,781	1,169	326
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	13,277,226			328,561	784,060	6,461	60,905
038	RECOVERY ROOM	1,238,648			24,210	57,773	960	3,583
039	DELIVERY ROOM & LABOR ROO	354,308			8,867	21,160	228	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	8,822,373			316,834	756,074	4,954	49,831
042	RADIOLOGY-THERAPEUTIC	1,424,304			138,497	330,503	1,238	24,101
043	RADIOISOTOPE							
044	LABORATORY	8,436,854			57,172	136,433		7,491
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	1,953,973			15,926	38,006	1,491	7,165
050	PHYSICAL THERAPY	1,714,547			69,506	165,866	1,476	9,119
051	OCCUPATIONAL THERAPY	841,608			60,582	144,569	645	8,468
052	SPEECH PATHOLOGY	895,679			48,134	114,864	826	3,908
053	ELECTROCARDIOLOGY	1,149,003			70,982	169,388	702	8,794
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED	19,321,593						
056	DRUGS CHARGED TO PATIENTS	8,368,897					363	1,303
057	RENAL DIALYSIS	134,055			21,944	52,367		2,280
058	ASC (NON-DISTINCT PART)							
058	OUTPAT SERVICE COST CNTRS							
060	CLINIC	56,141			1,682	4,014		
060 01	OCC HL							
060 02	SISTER MAURA BRANNICK HEA	786,753					896	
060 03	FAMILY MEDICINE CENTER	1,091,743					937	21,170
060 04	WND CA	117,528					23	
060 05	OUTPATIENT TREATMENT & IN	325,270			47,893	114,290	280	3,583
060 06	PED CL	371,654					415	3,583
061	EMERGENCY	3,862,102			111,679	266,504	3,041	21,496
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
COST ALLOCATION - GENERAL SERVICE COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET B  
I I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE FITS	BENE LEPHONES	NONPATIENT TE
		0	1	2	3	4	5		6.01
	OTHER REIMBURS COST CNTRS								
	SPEC PURPOSE COST CENTERS								
086	OTHER ORGAN ACQUISITION								
092	AMBULATORY SURGICAL CENTE								
093	HOSPICE								
095	SUBTOTALS	186,151,276			4,065,590	9,701,898	73,605	504,826	
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP				12,425	29,651		977	
096 01	SPORTS MED-ATHLETIC TRAIN	113,518					178		
096 03	RESEARCH STUDY-CARDIOLOGY								
096 04	CHILD DAY CARE	522,209					393		
096 05	SICK BAY	1,503			2,403	5,734	2	326	
096 06	BEAUTY SHOP								
096 07	OUTSIDE LAUNDRY								
096 09	CRIPPLED CHILDREN'S CLINI								
096 10	OUTREACH SERVICES	477,389					389		
096 11	SJRMCI, INC	14,039							
096 12	ST JOSEPH REG MED CTR-PLY								
096 13	REHAB SUBACUTE								
096 14	UNUSED SPACE								
096 15	ST JOSEPH PHYSICIAN NETWO								
096 16	OFFSITE CHAPLAINS	55,307					58		
096 17	ST JOSEPH REG MED CTR-MIS								
096 18	VNA	498							
096 19	OUR LADY OF PEACE (LTAC)				188,713	450,336		13,028	
097	RESEARCH								
098	PHYSICIANS' PRIVATE OFFIC								
098 01	PERINATOLOGIST	302,747					263		
098 02	NEONATOLOGIST	446,141					393		
099	NONPAID WORKERS								
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	188,084,627			4,269,131	10,187,619	75,281	519,157	

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
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COST ALLOCATION - GENERAL SERVICE COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET B  
I I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASING, R ECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
		6.02	6.03	6.04	6.05	6a.05	6.06	7
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND		99,323					
006	04 ADMITTING		146	1,394,241				
006	05 CASHIERING/ACCOUNTS RECEI					35,988,733	35,988,733	
006	06 OTHER ADMINISTRATIVE AND					471,054	111,460	582,514
007	MAINTENANCE & REPAIRS					7,695,386	1,820,875	109,637
008	OPERATION OF PLANT					2,858,316	676,332	16,402
009	LAUNDRY & LINEN SERVICE					3,200,271	757,245	20,319
010	HOUSEKEEPING					3,004,978	711,035	8,491
011	DIETARY		1,041			262,663	62,151	11,991
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL					2,720,689	643,767	6,491
014	NURSING ADMINISTRATION		78			1,595,512	377,528	11,050
015	CENTRAL SERVICES & SUPPLY		5			2,889,937	683,814	4,431
016	PHARMACY					2,642,451	625,254	6,055
017	MEDICAL RECORDS & LIBRARY		1			1,309,455	309,842	6,194
018	SOCIAL SERVICE					1,608,421	380,583	13,766
018	01 STERILE SUPPLY		1,128					
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL					1,604,208	379,586	
022	I&R SERVICES-SALARY & FRI					2,893,559	684,671	4,100
023	I&R SERVICES-OTHER PRGM C		116			97,225	23,005	344
024	PARAMED ED PRGM					301,811	71,414	1,764
024	01 CLINICAL PASTORAL EDUCATI					331,398	78,415	
024	02 PHARMACY RESIDENCY PROGRA		1					
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		3,025	182,518		23,036,664	5,450,869	116,935
026	INTENSIVE CARE UNIT		804	28,047		3,743,481	885,779	7,631
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U		166	9,291		1,274,826	301,648	1,013
031	SUBPROVIDER		169	17,524		3,537,979	837,153	15,508
033	NURSERY			10,707		1,853,878	438,663	951
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		61,720	205,175		14,724,108	3,484,004	47,247
038	RECOVERY ROOM		526	21,118		1,346,818	318,683	3,481
039	DELIVERY ROOM & LABOR ROO			11,272		395,835	93,662	1,275
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC		20,156	236,118		10,206,340	2,415,014	45,561
042	RADIOLOGY-THERAPEUTIC		111	26,283		1,945,037	460,233	19,916
043	RADIOISOTOPE							
044	LABORATORY			123,029		8,760,979	2,073,014	8,221
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY		691	37,099		2,054,351	486,098	2,290
050	PHYSICAL THERAPY		164	15,175		1,975,853	467,524	9,995
051	OCCUPATIONAL THERAPY		100	9,062		1,065,034	252,007	8,712
052	SPEECH PATHOLOGY		43	7,320		1,070,774	253,365	6,922
053	ELECTROCARDIOLOGY		99	28,141		1,427,109	337,681	10,207
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED		6,319	193,733		19,521,645	4,619,192	
056	DRUGS CHARGED TO PATIENTS		727	165,377		8,536,667	2,019,938	
057	RENAL DIALYSIS		409	4,767		215,822	51,068	3,156
058	ASC (NON-DISTINCT PART)							
058	OUTPAT SERVICE COST CNTRS							
060	CLINIC			332		62,169	14,710	242
060	01 OCC HL							
060	02 SISTER MAURA BRANNICK HEA		56	1,427		789,132	186,724	
060	03 FAMILY MEDICINE CENTER		71	9,382		1,123,303	265,795	
060	04 WND CA		112			117,663	27,841	
060	05 OUTPATIENT TREATMENT & IN		129	3,478		494,923	117,108	6,887
060	06 PED CL		43	1,335		377,030	89,212	
061	EMERGENCY		1,036	46,531		4,312,389	1,020,393	16,059
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
COST ALLOCATION - GENERAL SERVICE COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET B  
I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
OTHER REIMBURS COST CNTRS							
SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		99,192	1,394,241		185,445,876	35,364,355	553,244
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					43,053	10,187	1,787
096 01 SPORTS MED-ATHLETIC TRAIN					113,696	26,903	
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE		20			522,622	123,662	
096 05 SICK BAY					9,968	2,359	346
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY							
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES		78			477,856	113,070	
096 11 SJRMC, INC					14,039	3,322	
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE							
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS					55,365	13,100	
096 17 ST JOSEPH REG MED CTR-MIS							
096 18 VNA		2			500	118	
096 19 OUR LADY OF PEACE (LTAC)					652,077	154,294	27,137
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PERINATOLOGIST		31			303,041	71,705	
098 02 NEONATOLOGIST					446,534	105,658	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		99,323	1,394,241		188,084,627	35,988,733	582,514

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
COST ALLOCATION - GENERAL SERVICE COSTS      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET B  
I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
		8	9	10	11	12	13	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	9,625,898						
009	LAUNDRY & LINEN SERVICE	333,873	3,884,923					
010	HOUSEKEEPING	413,616		4,391,451				
011	DIETARY	172,848		85,494	3,982,846			
012	CAFETERIA	244,084		120,729		701,618		
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	132,123		65,351		17,632		3,586,053
015	CENTRAL SERVICES & SUPPLY	224,927		111,254		9,551		
016	PHARMACY	90,192		44,611		22,775		
017	MEDICAL RECORDS & LIBRARY	123,248		60,961		22,775		
018	SOCIAL SERVICE	126,094		62,369		10,285		
018	01 STERILE SUPPLY	280,221	128,029	138,603		13,959		
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI					17,632		
023	I&R SERVICES-OTHER PRGM C	83,460		41,281		13,224		
024	PARAMED ED PRGM	7,000		3,462		735		
024	01 CLINICAL PASTORAL EDUCATI	35,903		17,758		3,673		
024	02 PHARMACY RESIDENCY PROGRA					2,939		
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,380,350	1,721,313	1,177,372	2,958,153	200,567		1,732,729
026	INTENSIVE CARE UNIT	155,332	268,336	76,831	152,486	28,652		247,533
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	20,631		10,204		11,020		95,205
031	SUBPROVIDER	315,688	231,136	156,146	396,600	24,979		215,798
033	NURSERY	19,358	95,348	9,575		11,755		101,552
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	961,766	281,245	475,710	17,489	74,937		647,394
038	RECOVERY ROOM	70,867	59,844	35,052	88	9,551		82,511
039	DELIVERY ROOM & LABOR ROO	25,956	18,166	12,838		11,755		101,552
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	927,437	190,747	458,730		53,632		
042	RADIOLOGY-THERAPEUTIC	405,411	32,182	200,525		11,020		
043	RADIOISOTOPE							
044	LABORATORY	167,355	83	82,778				
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	46,620		23,059		16,898		
050	PHYSICAL THERAPY	203,459	38,301	100,635		15,428		
051	OCCUPATIONAL THERAPY	177,336	960	87,714		7,347		
052	SPEECH PATHOLOGY	140,897	10,006	69,691		7,347		
053	ELECTROCARDIOLOGY	207,779		102,772		8,081		
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS					2,939		
057	RENAL DIALYSIS	64,236	1,029	31,773				
058	ASC (NON-DISTINCT PART)							
058	OUTPAT SERVICE COST CNTRS							
060	CLINIC	4,923		2,435				
060	01 OCC HL							
060	02 SISTER MAURA BRANNICK HEA		2,618					
060	03 FAMILY MEDICINE CENTER		11,162			16,898		
060	04 WND CA							
060	05 OUTPATIENT TREATMENT & IN	140,194	3,363	69,343	5,198	2,939		25,388
060	06 PED CL					5,143		44,429
061	EMERGENCY	326,907	446,898	161,695	17,136	33,795		291,962
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
COST ALLOCATION - GENERAL SERVICE COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET B  
I I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
		8	9	10	11	12	13	14
	OTHER REIMBURS COST CNTRS							
	SPEC PURPOSE COST CENTERS							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	9,030,091	3,540,766	4,096,751	3,547,150	689,863		3,586,053
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	36,371		17,990				
096	01 SPORTS MED-ATHLETIC TRAIN					2,939		
096	03 RESEARCH STUDY-CARDIOLOGY							
096	04 CHILD DAY CARE		10,533			8,816		
096	05 SICK BAY	7,033		3,479				
096	06 BEAUTY SHOP							
096	07 OUTSIDE LAUNDRY							
096	09 CRIPPLED CHILDREN'S CLINI							
096	10 OUTREACH SERVICES							
096	11 SJRMC, INC							
096	12 ST JOSEPH REG MED CTR-PLY							
096	13 REHAB SUBACUTE							
096	14 UNUSED SPACE							
096	15 ST JOSEPH PHYSICIAN NETWO							
096	16 OFFSITE CHAPLAINS							
096	17 ST JOSEPH REG MED CTR-MIS							
096	18 VNA							
096	19 OUR LADY OF PEACE (LTAC)	552,403	315,468	273,231	435,696			
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC		18,156					
098	01 PERINATOLOGIST							
098	02 NEONATOLOGIST							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	9,625,898	3,884,923	4,391,451	3,982,846	701,618		3,586,053

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	STERILE Y	SUPPL	NONPHYSICIAN ANESTHETISTS	NURSING SCHO OL
		15	16	17	18		18.01	20	21
	GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &								
002	OLD CAP REL COSTS-MVBLE E								
003	NEW CAP REL COSTS-BLDG &								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS								
006	01 NONPATIENT TELEPHONES								
006	02 DATA PROCESSING								
006	03 PURCHASING, RECEIVING AND								
006	04 ADMITTING								
006	05 CASHIERING/ACCOUNTS RECEI								
006	06 OTHER ADMINISTRATIVE AND								
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT								
009	LAUNDRY & LINEN SERVICE								
010	HOUSEKEEPING								
011	DIETARY								
012	CAFETERIA								
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION								
015	CENTRAL SERVICES & SUPPLY	2,329,822							
016	PHARMACY		3,735,760						
017	MEDICAL RECORDS & LIBRARY	21		3,480,765					
018	SOCIAL SERVICE		11,957		1,836,196				
018	01 STERILE SUPPLY	26,794					2,590,376		
020	NONPHYSICIAN ANESTHETISTS								
021	NURSING SCHOOL								
022	I&R SERVICES-SALARY & FRI								
023	I&R SERVICES-OTHER PRGM C	2,767	972						
024	PARAMED ED PRGM								
024	01 CLINICAL PASTORAL EDUCATI								
024	02 PHARMACY RESIDENCY PROGRA	22							
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	71,863	2,168	455,687	1,611,540		79,578		
026	INTENSIVE CARE UNIT	19,107	261	70,024	117,570		13,168		
027	CORONARY CARE UNIT								
028	BURN INTENSIVE CARE UNIT								
029	SURGICAL INTENSIVE CARE U								
030	NEONATAL INTENSIVE CARE U	3,948	1,280	23,196	40,438		6,503		
031	SUBPROVIDER	4,018	48	43,751	374		9,104		
033	NURSERY			26,732			3,414		
034	SKILLED NURSING FACILITY								
035	NURSING FACILITY								
035	01 ICF/MR								
036	OTHER LONG TERM CARE								
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	1,466,655	7,604	512,254	1,498		2,471,375		
038	RECOVERY ROOM	12,504	421	52,725					
039	DELIVERY ROOM & LABOR ROO			28,142					
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC	478,863	245,742	589,314					
042	RADIOLOGY-THERAPEUTIC	2,628	2,215	65,619					
043	RADIOISOTOPE								
044	LABORATORY			307,163					
045	PBP CLINICAL LAB SERVICES								
046	WHOLE BLOOD & PACKED RED								
047	BLOOD STORING, PROCESSING								
048	INTRAVENOUS THERAPY								
049	RESPIRATORY THERAPY	16,419	149	92,624					
050	PHYSICAL THERAPY	3,900	218	37,887					
051	OCCUPATIONAL THERAPY	2,369	219	22,625					

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	STERILE Y	SUPPL	NONPHYSICIAN ANESTHETISTS	NURSING SCHO L
		15	16	17	18		18.01	20	21
	OTHER REIMBURS COST CNTRS								
	SPEC PURPOSE COST CENTERS								
086	OTHER ORGAN ACQUISITION								
092	AMBULATORY SURGICAL CENTE								
093	HOSPICE								
095	SUBTOTALS	2,326,730	3,730,046	3,480,765	1,836,196		2,590,376		
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP								
096 01	SPORTS MED-ATHLETIC TRAIN		5,714						
096 03	RESEARCH STUDY-CARDIOLOGY								
096 04	CHILD DAY CARE	471							
096 05	SICK BAY								
096 06	BEAUTY SHOP								
096 07	OUTSIDE LAUNDRY								
096 09	CRIPPLED CHILDREN'S CLINI								
096 10	OUTREACH SERVICES	1,857							
096 11	SJPMC, INC								
096 12	ST JOSEPH REG MED CTR-PLY								
096 13	REHAB SUBACUTE								
096 14	UNUSED SPACE								
096 15	ST JOSEPH PHYSICIAN NETWO								
096 16	OFFSITE CHAPLAINS								
096 17	ST JOSEPH REG MED CTR-MIS								
096 18	VNA	37							
096 19	OUR LADY OF PEACE (LTAC)								
097	RESEARCH								
098	PHYSICIANS' PRIVATE OFFIC								
098 01	PERINATOLOGIST	727							
098 02	NEONATOLOGIST								
099	NONPAID WORKERS								
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	2,329,822	3,735,760	3,480,765	1,836,196		2,590,376		



070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
COST ALLOCATION - GENERAL SERVICE COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET B  
I I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED GM	ED PR CLINICAL ORAL EDUCATI	PAST DENCY PROGRA	PHARMACY RESI	SUBTOTAL	I&R COST POST STEP- DOWN ADJ
		22	23	24	24.01	24.02	25	26	
	OTHER REIMBURS COST CNTRS								
	SPEC PURPOSE COST CENTERS								
086	OTHER ORGAN ACQUISITION								
092	AMBULATORY SURGICAL CENTE								
093	HOSPICE								
095	SUBTOTALS	2,001,426	3,724,034	131,771	428,814	412,774	183,097,798	-5,725,460	
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP							109,388	
096	01 SPORTS MED-ATHLETIC TRAIN							149,252	
096	03 RESEARCH STUDY-CARDIOLOGY								
096	04 CHILD DAY CARE							666,104	
096	05 SICK BAY							23,185	
096	06 BEAUTY SHOP								
096	07 OUTSIDE LAUNDRY								
096	09 CRIPPLED CHILDREN'S CLINI								
096	10 OUTREACH SERVICES							592,783	
096	11 SJRMC, INC							17,361	
096	12 ST JOSEPH REG MED CTR-PLY								
096	13 REHAB SUBACUTE								
096	14 UNUSED SPACE								
096	15 ST JOSEPH PHYSICIAN NETWO								
096	16 OFFSITE CHAPLAINS							68,465	
096	17 ST JOSEPH REG MED CTR-MIS								
096	18 VNA							655	
096	19 OUR LADY OF PEACE (LTAC)					3,509		2,413,815	
097	RESEARCH								
098	PHYSICIANS' PRIVATE OFFIC							18,156	
098	01 PERINATOLOGIST							375,473	
098	02 NEONATOLOGIST							552,192	
099	NONPAID WORKERS								
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	2,001,426	3,724,034	131,771	432,323	412,774	188,084,627	-5,725,460	

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
COST ALLOCATION - GENERAL SERVICE COSTS      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET B  
I TO 6/30/2008 I PART I

COST CENTER		TOTAL
DESCRIPTION		
		27
	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 ADMITTING	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 STERILE SUPPLY	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
024	01 CLINICAL PASTORAL EDUCATI	
024	02 PHARMACY RESIDENCY PROGRA	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	41,716,573
026	INTENSIVE CARE UNIT	5,835,727
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
030	NEONATAL INTENSIVE CARE U	1,794,366
031	SUBPROVIDER	5,789,362
033	NURSERY	2,563,251
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	25,219,042
038	RECOVERY ROOM	1,992,545
039	DELIVERY ROOM & LABOR ROO	689,181
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	15,612,190
042	RADIOLOGY-THERAPEUTIC	3,145,596
043	RADIOISOTOPE	
044	LABORATORY	11,399,593
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	2,738,508
050	PHYSICAL THERAPY	2,853,200
051	OCCUPATIONAL THERAPY	1,624,323
052	SPEECH PATHOLOGY	1,578,309
053	ELECTROCARDIOLOGY	2,166,405
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	24,788,141
056	DRUGS CHARGED TO PATIENTS	14,364,567
057	RENAL DIALYSIS	389,055
058	ASC (NON-DISTINCT PART)	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	85,308
060	01 OCC HL	
060	02 SISTER MAURA BRANNICK HEA	1,015,843
060	03 FAMILY MEDICINE CENTER	1,472,399
060	04 WND CA	148,446
060	05 OUTPATIENT TREATMENT & IN	878,493
060	06 PED CL	522,550
061	EMERGENCY	6,989,365
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
069	CORF	

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

	COST CENTER DESCRIPTION	TOTAL
		27
	OTHER REIMBURS COST CNTRS	
	SPEC PURPOSE COST CENTERS	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	177,372,338
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	109,388
096 01	SPORTS MED-ATHLETIC TRAIN	149,252
096 03	RESEARCH STUDY-CARDIOLOGY	
096 04	CHILD DAY CARE	666,104
096 05	SICK BAY	23,185
096 06	BEAUTY SHOP	
096 07	OUTSIDE LAUNDRY	
096 09	CRIPPLED CHILDREN'S CLINI	
096 10	OUTREACH SERVICES	592,783
096 11	SURMC, INC	17,361
096 12	ST JOSEPH REG MED CTR-PLY	
096 13	REHAB SUBACUTE	
096 14	UNUSED SPACE	
096 15	ST JOSEPH PHYSICIAN NETWO	
096 16	OFFSITE CHAPLAINS	68,465
096 17	ST JOSEPH REG MED CTR-MIS	
096 18	VNA	655
096 19	OUR LADY OF PEACE (LTAC)	2,413,815
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	18,156
098 01	PERINATOLOGIST	375,473
098 02	NEONATOLOGIST	552,192
099	NONPAID WORKERS	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	182,359,167

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0012 I FROM 7/ 1/2007 I WORKSHEET B

I I TO 6/30/2008 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS				22,231	53,050	75,281	75,281
006 01	NONPATIENT TELEPHONES				12,311	29,378	41,689	422
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND				28,638	68,339	96,977	
006 04	ADMITTING				16,476	39,316	55,792	1,027
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	OTHER ADMINISTRATIVE AND							3,665
007	MAINTENANCE & REPAIRS				138,623	330,803	469,426	
008	OPERATION OF PLANT				762,428	1,819,417	2,581,845	1,807
009	LAUNDRY & LINEN SERVICE				114,059	272,183	386,242	1,070
010	HOUSEKEEPING				141,301	337,192	478,493	1,863
011	DIETARY				59,049	140,911	199,960	1,419
012	CAFETERIA				83,385	198,984	282,369	447
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				45,136	107,710	152,846	1,940
015	CENTRAL SERVICES & SUPPLY				76,840	183,367	260,207	490
016	PHARMACY				30,812	73,527	104,339	2,679
017	MEDICAL RECORDS & LIBRARY				42,104	100,475	142,579	1,373
018	SOCIAL SERVICE				43,077	102,796	145,873	992
018 01	STERILE SUPPLY				95,730	228,444	324,174	768
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							1,523
023	I&R SERVICES-OTHER PRGM C				28,512	68,039	96,551	2,358
024	PARAMED ED PRGM				2,391	5,706	8,097	84
024 01	CLINICAL PASTORAL EDUCATI				12,265	29,269	41,534	222
024 02	PHARMACY RESIDENCY PROGRA							290
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS				813,181	1,940,532	2,753,713	16,778
027	INTENSIVE CARE UNIT				53,065	126,631	179,696	2,924
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U				7,048	16,819	23,867	1,195
031	NEONATAL INTENSIVE CARE U							
033	SUBPROVIDER				107,846	257,358	365,204	2,164
034	NURSERY				6,613	15,781	22,394	1,169
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM				328,561	784,060	1,112,621	6,461
039	RECOVERY ROOM				24,210	57,773	81,983	960
040	DELIVERY ROOM & LABOR ROO				8,867	21,160	30,027	228
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC				316,834	756,074	1,072,908	4,954
043	RADIOLOGY-THERAPEUTIC				138,497	330,503	469,000	1,238
044	RADIOISOTOPE							
045	LABORATORY				57,172	136,433	193,605	
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY				15,926	38,006	53,932	1,491
051	PHYSICAL THERAPY				69,506	165,866	235,372	1,476
052	OCCUPATIONAL THERAPY				60,582	144,569	205,151	645
053	SPEECH PATHOLOGY				48,134	114,864	162,998	826
054	ELECTROCARDIOLOGY				70,982	169,388	240,370	702
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED							
057	DRUGS CHARGED TO PATIENTS							363
058	RENAL DIALYSIS				21,944	52,367	74,311	
059	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
060 01	CLINIC				1,682	4,014	5,696	
060 02	OCC HL							896
060 03	SISTER MAURA BRANNICK HEA							937
060 04	FAMILY MEDICINE CENTER							23
060 05	WND CA							
060 06	OUTPATIENT TREATMENT & IN				47,893	114,290	162,183	280
061	PED CL							415
062	EMERGENCY				111,679	266,504	378,183	3,041
063	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP-REN							
068	DURABLE MEDICAL EQUIP-SOL							
069	CORF							

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1996)CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET B  
I I TO 6/30/2008 I PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
		0	1	2	3	4	4a	5
	OTHER REIMBURS COST CNTRS							
	SPEC PURPOSE COST CENTERS							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS				4,065,590	9,701,898	13,767,488	73,605
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				12,425	29,651	42,076	
096 01	SPORTS MED-ATHLETIC TRAIN							178
096 03	RESEARCH STUDY-CARDIOLOGY							
096 04	CHILD DAY CARE							393
096 05	SICK BAY				2,403	5,734	8,137	2
096 06	BEAUTY SHOP							
096 07	OUTSIDE LAUNDRY							
096 09	CRIPPLED CHILDREN'S CLINI							
096 10	OUTREACH SERVICES							389
096 11	SJRMCI, INC							
096 12	ST JOSEPH REG MED CTR-PLY							
096 13	REHAB SUBACUTE							
096 14	UNUSED SPACE							
096 15	ST JOSEPH PHYSICIAN NETWO							
096 16	OFFSITE CHAPLAINS							58
096 17	ST JOSEPH REG MED CTR-MIS							
096 18	VNA							
096 19	OUR LADY OF PEACE (LTAC)				188,713	450,336	639,049	
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
098 01	PERINATOLOGIST							263
098 02	NEONATOLOGIST							393
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				4,269,131	10,187,619	14,456,750	75,281

Health Financial Systems		MCRIF32	FOR ST JOSEPH REG MED CTR - SB CAMPUS		IN LIEU OF FORM CMS-2552-96(9/1996)CONTD			
ALLOCATION OF NEW CAPITAL RELATED COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
			I	15-0012	I	FROM 7/ 1/2007	I	WORKSHEET B
			I		I	TO 6/30/2008	I	PART III
	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		6.01	6.02	6.03	6.04	6.05	6.06	7
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES	42,111						
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND	53		97,030				
006	04 ADMITTING	291		142	57,252			
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND	2,932					6,597	
007	MAINTENANCE & REPAIRS	132					20	469,578
008	OPERATION OF PLANT	1,612					331	88,381
009	LAUNDRY & LINEN SERVICE	264					123	13,222
010	HOUSEKEEPING	528					138	16,380
011	DIETARY	845		1,017			129	6,845
012	CAFETERIA	53					11	9,666
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	608		76			117	5,232
015	CENTRAL SERVICES & SUPPLY	581		5			69	8,907
016	PHARMACY	1,030					124	3,572
017	MEDICAL RECORDS & LIBRARY	3,672		1			114	4,881
018	SOCIAL SERVICE	1,242					56	4,993
018	01 STERILE SUPPLY			1,102			69	11,097
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI						69	
023	I&R SERVICES-OTHER PRGM C	713		114			124	3,305
024	PARAMED ED PRGM	26					4	277
024	01 CLINICAL PASTORAL EDUCATI	26					13	1,422
024	02 PHARMACY RESIDENCY PROGRA			1			14	
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	5,812		2,955	7,485		1,050	94,264
026	INTENSIVE CARE UNIT	370		786	1,150		161	6,151
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	423		162	381		55	817
031	SUBPROVIDER	502		165	719		152	12,502
033	NURSERY	26			439		80	767
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,940		60,299	8,414		633	38,087
038	RECOVERY ROOM	291		514	866		58	2,806
039	DELIVERY ROOM & LABOR ROO				462		17	1,028
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	4,042		19,690	9,758		439	36,728
042	RADIOLOGY-THERAPEUTIC	1,955		108	1,078		84	16,055
043	RADIOISOTOPE							
044	LABORATORY	608			5,045		377	6,627
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	581		675	1,521		88	1,846
050	PHYSICAL THERAPY	740		160	622		85	8,057
051	OCCUPATIONAL THERAPY	687		97	372		46	7,023
052	SPEECH PATHOLOGY	317		42	300		46	5,580
053	ELECTROCARDIOLOGY	713		97	1,154		61	8,228
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED			6,173	7,945		839	
056	DRUGS CHARGED TO PATIENTS	106		710	6,782		367	
057	RENAL DIALYSIS	185		399	195		9	2,544
058	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC				14		3	195
060	01 OCC HL							
060	02 SISTER MAURA BRANNICK HEA			55	59		34	
060	03 FAMILY MEDICINE CENTER	1,717		69	385		48	
060	04 WND CA			109			5	
060	05 OUTPATIENT TREATMENT & IN	291		126	143		21	5,552
060	06 PED CL	291		42	55		16	
061	EMERGENCY	1,744		1,012	1,908		185	12,946
062	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1996)CONTD  
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COST CENTER DESCRIPTION		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
		6.01	6.02	6.03	6.04	6.05	6.06	7
	OTHER REIMBURS COST CNTRS							
	SPEC PURPOSE COST CENTERS							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	40,949		96,903	57,252		6,484	445,983
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	79					2	1,440
096	01 SPORTS MED-ATHLETIC TRAIN						5	
096	03 RESEARCH STUDY-CARDIOLOGY							
096	04 CHILD DAY CARE			19			22	
096	05 SICK BAY	26						279
096	06 BEAUTY SHOP							
096	07 OUTSIDE LAUNDRY							
096	09 CRIPPLED CHILDREN'S CLINI							
096	10 OUTREACH SERVICES			76			21	
096	11 SJRMC, INC						1	
096	12 ST JOSEPH REG MED CTR-PLY							
096	13 REHAB SUBACUTE							
096	14 UNUSED SPACE							
096	15 ST JOSEPH PHYSICIAN NETWO							
096	16 OFFSITE CHAPLAINS						2	
096	17 ST JOSEPH REG MED CTR-MIS							
096	18 VNA			2				
096	19 OUR LADY OF PEACE (LTAC)	1,057					28	21,876
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 PERINATOLOGIST			30			13	
098	02 NEONATOLOGIST						19	
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	42,111		97,030	57,252		6,597	469,578

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ALLOCATION OF NEW CAPITAL RELATED COSTS								
COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
		8	9	10	11	12	13	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	2,673,976						
009	LAUNDRY & LINEN SERVICE	92,747	493,668					
010	HOUSEKEEPING	114,898		612,300				
011	DIETARY	48,015		11,920	270,150			
012	CAFETERIA	67,804		16,833		366,321		
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	36,702		9,112		9,206		215,839
015	CENTRAL SERVICES & SUPPLY	62,482		15,512		4,987		
016	PHARMACY	25,054		6,220		11,891		
017	MEDICAL RECORDS & LIBRARY	34,237		8,500		11,891		
018	SOCIAL SERVICE	35,028		8,696		5,370		
018 01	STERILE SUPPLY	77,842	16,269	19,325		7,288		
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI					9,206		
023	I&R SERVICES-OTHER PRGM C	23,184		5,756		6,904		
024	PARAMED ED PRGM	1,944		483		384		
024 01	CLINICAL PASTORAL EDUCATI	9,973		2,476		1,918		
024 02	PHARMACY RESIDENCY PROGRA					1,534		
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	661,238	218,731	164,162	200,646	104,719		104,290
026	INTENSIVE CARE UNIT	43,150	34,098	10,712	10,343	14,960		14,899
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	5,731		1,423		5,754		5,730
031	SUBPROVIDER	87,695	29,371	21,771	26,901	13,042		12,989
033	NURSERY	5,377	12,116	1,335		6,137		6,112
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	267,169	35,739	66,328	1,186	39,125		38,966
038	RECOVERY ROOM	19,686	7,605	4,887	6	4,987		4,966
039	DELIVERY ROOM & LABOR ROO	7,210	2,308	1,790		6,137		6,112
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	257,633	24,239	63,961		28,002		
042	RADIOLOGY-THERAPEUTIC	112,619	4,090	27,959		5,754		
043	RADIOISOTOPE							
044	LABORATORY	46,490	11	11,542				
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	12,950		3,215		8,822		
050	PHYSICAL THERAPY	56,519	4,867	14,032		8,055		
051	OCCUPATIONAL THERAPY	49,262	122	12,230		3,836		
052	SPEECH PATHOLOGY	39,140	1,272	9,717		3,836		
053	ELECTROCARDIOLOGY	57,719		14,330		4,219		
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS					1,534		
057	RENAL DIALYSIS	17,844	131	4,430				
058	ASC (NON-DISTINCT PART)							
059	OUTPAT SERVICE COST CNTRS							
060	CLINIC	1,368		340				
060 01	OCC HL							
060 02	SISTER MAURA BRANNICK HEA		333					
060 03	FAMILY MEDICINE CENTER		1,418			8,822		
060 04	WND CA							
060 05	OUTPATIENT TREATMENT & IN	38,944	427	9,668	353	1,534		1,528
060 06	PED CL					2,685		2,674
061	EMERGENCY	90,812	56,789	22,545	1,162	17,645		17,573
062	OBSERVATION BEDS (NON-DIS							
063	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

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	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL ISTRATION	NURSING ADMIN
		8	9	10	11	12	13	14
	OTHER REIMBURS COST CNTRS							
	SPEC PURPOSE COST CENTERS							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	2,508,466	449,936	571,210	240,597	360,184		215,839
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	10,104		2,508				
096	01 SPORTS MED-ATHLETIC TRAIN					1,534		
096	03 RESEARCH STUDY-CARDIOLOGY							
096	04 CHILD DAY CARE		1,338			4,603		
096	05 SICK BAY	1,954		485				
096	06 BEAUTY SHOP							
096	07 OUTSIDE LAUNDRY							
096	09 CRIPPLED CHILDREN'S CLINI							
096	10 OUTREACH SERVICES							
096	11 SJRMC, INC							
096	12 ST JOSEPH REG MED CTR-PLY							
096	13 REHAB SUBACUTE							
096	14 UNUSED SPACE							
096	15 ST JOSEPH PHYSICIAN NETWO							
096	16 OFFSITE CHAPLAINS							
096	17 ST JOSEPH REG MED CTR-MIS							
096	18 VNA							
096	19 OUR LADY OF PEACE (LTAC)	153,452	40,087	38,097	29,553			
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC		2,307					
098	01 PERINATOLOGIST							
098	02 NEONATOLOGIST							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER					10,862		
103	TOTAL	2,673,976	493,668	612,300	270,150	377,183		215,839

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ALLOCATION OF NEW CAPITAL RELATED COSTS		CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	STERILE SUPPL Y	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L
COST CENTER DESCRIPTION		15	16	17	18	18.01	20	21
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY	353,240						
016	PHARMACY		154,909					
017	MEDICAL RECORDS & LIBRARY	3		207,251				
018	SOCIAL SERVICE		496		202,746			
018	01 STERILE SUPPLY	4,063				461,997		
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	419	40					
024	PARAMED ED PRGM							
024	01 CLINICAL PASTORAL EDUCATI							
024	02 PHARMACY RESIDENCY PROGRA	3						
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	10,896	90	27,125	177,941	14,193		
026	INTENSIVE CARE UNIT	2,897	11	4,168	12,982	2,349		
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	599	53	1,381	4,465	1,160		
031	SUBPROVIDER	609	2	2,604	41	1,624		
033	NURSERY			1,591		609		
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	222,368	315	30,492	165	440,772		
038	RECOVERY ROOM	1,896	17	3,138				
039	DELIVERY ROOM & LABOR ROO			1,675				
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	72,605	10,190	35,139				
042	RADIOLOGY-THERAPEUTIC	398	92	3,906				
043	RADIOISOTOPE							
044	LABORATORY			18,284				
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	2,489	6	5,513				
050	PHYSICAL THERAPY	591	9	2,255				
051	OCCUPATIONAL THERAPY	359	9	1,347				
052	SPEECH PATHOLOGY	156		1,088				
053	ELECTROCARDIOLOGY	358	6	4,182				
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED	22,762	559	28,792				
056	DRUGS CHARGED TO PATIENTS	2,618	139,945	24,578				
057	RENAL DIALYSIS	1,473	15	708				
058	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC			49				
060	01 OCC HL							
060	02 SISTER MAURA BRANNICK HEA	202	1,347	212				
060	03 FAMILY MEDICINE CENTER	256	1,249	1,394				
060	04 WND CA	402	12					
060	05 OUTPATIENT TREATMENT & IN	466	58	517				
060	06 PED CL	153	53	198	124			
061	EMERGENCY	3,730	98	6,915	7,028	1,290		
062	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

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	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	STERILE SUPPL Y	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L
		15	16	17	18	18.01	20	21
	OTHER REIMBURS COST CNTRS							
	SPEC PURPOSE COST CENTERS							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	352,771	154,672	207,251	202,746	461,997		
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096 01	SPORTS MED-ATHLETIC TRAIN		237					
096 03	RESEARCH STUDY-CARDIOLOGY							
096 04	CHILD DAY CARE	71						
096 05	SICK BAY							
096 06	BEAUTY SHOP							
096 07	OUTSIDE LAUNDRY							
096 09	CRIPPLED CHILDREN'S CLINI							
096 10	OUTREACH SERVICES	282						
096 11	SJRMCI, INC							
096 12	ST JOSEPH REG MED CTR-PLY							
096 13	REHAB SUBACUTE							
096 14	UNUSED SPACE							
096 15	ST JOSEPH PHYSICIAN NETWO							
096 16	OFFSITE CHAPLAINS							
096 17	ST JOSEPH REG MED CTR-MIS							
096 18	VNA	6						
096 19	OUR LADY OF PEACE (LTAC)							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
098 01	PERINATOLOGIST	110						
098 02	NEONATOLOGIST							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	353,240	154,909	207,251	202,746	461,997		

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	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL PAST ORAL EDUCATI	PHARMACY RESI DENCY PROGRA	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	22	23	24	24.01	24.02	25	26
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 STERILE SUPPLY							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	10,798						
023 I&R SERVICES-OTHER PRGM C		139,468					
024 PARAMED ED PRGM			11,299				
024 01 CLINICAL PASTORAL EDUCATI				57,584			
024 02 PHARMACY RESIDENCY PROGRA					1,842		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						4,566,088	
026 INTENSIVE CARE UNIT						341,807	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U						53,196	
031 SUBPROVIDER						578,057	
033 NURSERY						58,152	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						2,374,080	
038 RECOVERY ROOM						134,666	
039 DELIVERY ROOM & LABOR ROO						56,994	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC						1,640,288	
042 RADIOLOGY-THERAPEUTIC						644,336	
043 RADIOISOTOPE							
044 LABORATORY						282,589	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY						93,129	
050 PHYSICAL THERAPY						332,840	
051 OCCUPATIONAL THERAPY						281,186	
052 SPEECH PATHOLOGY						225,318	
053 ELECTROCARDIOLOGY						332,139	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						67,070	
056 DRUGS CHARGED TO PATIENTS						177,003	
057 RENAL DIALYSIS						102,244	
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC						7,665	
060 01 OCC HL							
060 02 SISTER MAURA BRANNICK HEA						3,138	
060 03 FAMILY MEDICINE CENTER						16,295	
060 04 WND CA						551	
060 05 OUTPATIENT TREATMENT & IN						222,091	
060 06 PED CL						6,706	
061 EMERGENCY						624,606	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1996)CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET B  
I I TO 6/30/2008 I PART III

	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL ORAL EDUCATI	PAST PHARMACY DENCY PROGRA	RESI	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	22	23	24	24.01	24.02		25	26
OTHER REIMBURS COST CNTRS								
SPEC PURPOSE COST CENTERS								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS							13,222,234	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP							56,209	
096 01 SPORTS MED-ATHLETIC TRAIN							1,954	
096 03 RESEARCH STUDY-CARDIOLOGY								
096 04 CHILD DAY CARE							6,446	
096 05 SICK BAY							10,883	
096 06 BEAUTY SHOP								
096 07 OUTSIDE LAUNDRY								
096 09 CRIPPLED CHILDREN'S CLINI								
096 10 OUTREACH SERVICES							768	
096 11 SJRMC, INC							1	
096 12 ST JOSEPH REG MED CTR-PLY								
096 13 REHAB SUBACUTE								
096 14 UNUSED SPACE								
096 15 ST JOSEPH PHYSICIAN NETWO								
096 16 OFFSITE CHAPLAINS							60	
096 17 ST JOSEPH REG MED CTR-MIS								
096 18 VNA							8	
096 19 OUR LADY OF PEACE (LTAC)							923,199	
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC							2,307	
098 01 PERINATOLOGIST							416	
098 02 NEONATOLOGIST							412	
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENTS	10,798	139,468	11,299	57,584	1,842		220,991	
102 NEGATIVE COST CENTER							10,862	
103 TOTAL	10,798	139,468	11,299	57,584	1,842		14,456,750	

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1996)CONTD  
I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
ALLOCATION OF NEW CAPITAL RELATED COSTS      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET B  
I TO 6/30/2008 I PART III

	COST CENTER DESCRIPTION	TOTAL
		27
	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 ADMITTING	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 STERILE SUPPLY	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
024	01 CLINICAL PASTORAL EDUCATI	
024	02 PHARMACY RESIDENCY PROGRA	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,566,088
026	INTENSIVE CARE UNIT	341,807
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
030	NEONATAL INTENSIVE CARE U	53,196
031	SUBPROVIDER	578,057
033	NURSERY	58,152
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,374,080
038	RECOVERY ROOM	134,666
039	DELIVERY ROOM & LABOR ROO	56,994
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	1,640,288
042	RADIOLOGY-THERAPEUTIC	644,336
043	RADIOISOTOPE	
044	LABORATORY	282,589
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	93,129
050	PHYSICAL THERAPY	332,840
051	OCCUPATIONAL THERAPY	281,186
052	SPEECH PATHOLOGY	225,318
053	ELECTROCARDIOLOGY	332,139
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	67,070
056	DRUGS CHARGED TO PATIENTS	177,003
057	RENAL DIALYSIS	102,244
058	ASC (NON-DISTINCT PART)	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	7,665
060	01 OCC HL	
060	02 SISTER MAURA BRANNICK HEA	3,138
060	03 FAMILY MEDICINE CENTER	16,295
060	04 WND CA	551
060	05 OUTPATIENT TREATMENT & IN	222,091
060	06 PED CL	6,706
061	EMERGENCY	624,606
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
069	CORF	

070	I&R SERVICES-NOT APPRVD P
071	HOME HEALTH AGENCY

## ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

[illegible]

27

OTHER REIMBURS COST CNTRS  
SPEC PURPOSE COST CENTERS

086 OTHER ORGAN ACQUISITION

092 AMBULATORY SURGICAL CENTE

093 HOSPICE

095	SUBTOTALS	13,222,234
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NONREIMBURS COST CENTERS

096	GIFT, FLOWER, COFFEE SHOP	56,209
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096	01	SPORTS MED-ATHLETIC TRAIN	1,954
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096 03 RESEARCH STUDY-CARDIOLOGY

096	04 CHILD DAY CARE	6.446
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096	05 SICK BAY	10.883
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096 06 BEAUTY SHOP

096 07 OUTSIDE LAUNDRY

096 09 CRIBBLED CHILDREN'S CLINT

098	09	CRIPPLED CHILDREN S CLINI	
096	10	OUTREACH SERVICES	768

090	10	OUTREACH SERVICES	700
006	11	SIBM INC	1

006 12 ST. JOSEPH REG MED CTR DLY

096 12 ST JOSEPH REG MED CIR-PLY  
006 12 DEWAR SURGUTTE

006 44 UNKNTD SECT

096 14 UNUSED SPACE

096 15 ST JOSEPH PHYSICIAN NETWO

096 16 OFFSITE CHAPLAINS

096 17 ST JOSEPH REG MED CTR-MIS

096 18 VNA 8

096	19 OUR LADY OF PEACE (LTAC)	923,199
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097 RESEARCH

098 PHYSICIANS' PRIVATE OFFIC 2.307

098	01 PERINATOLOGIST	416
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098	02	NEONATOLOGIST	412
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090	02	NEGRAHOUSEHOLDS	FILE
090		NONPAID WORKERS	

099	NONPAID WORKERS	
101	GROSS FOOT ADJUSTMENTS	230 891

101	CROSS FOOT ADJUSTMENTS	220,991
102	NEGATIVE COST CENTER	10,060

102	NEGATIVE COST CENTER	10,862
103	TOTAL	14,456,750

103	TOTAL	14,456,750
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Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008

COST ALLOCATION - STATISTICAL BASIS      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET B-1

I      I TO 6/30/2008 I

	COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES
		(SQUARE FEET	(SQUARE ) FEET	(SQUARE ) FEET	(SQUARE ) FEET	( GROSS ) SALARIES	(PHONE EXTENSI ) ONS
		1	2	3	4	5	6.01
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD			373,132			
004	NEW CAP REL COSTS-MVB				373,132		
005	EMPLOYEE BENEFITS			1,943	1,943	63,551,541	
006 01	NONPATIENT TELEPHONES			1,076	1,076	356,047	1,594
006 02	DATA PROCESSING						
006 03	PURCHASING, RECEIVING			2,503	2,503		2
006 04	ADMITTING			1,440	1,440	866,858	11
006 05	CASHIERING/ACCOUNTS R						
006 06	OTHER ADMINISTRATIVE					3,092,838	111
007	MAINTENANCE & REPAIRS			12,116	12,116		5
008	OPERATION OF PLANT			66,638	66,638	1,524,526	61
009	LAUNDRY & LINEN SERVI			9,969	9,969	903,275	10
010	HOUSEKEEPING			12,350	12,350	1,572,540	20
011	DIETARY			5,161	5,161	1,197,585	32
012	CAFETERIA			7,288	7,288	377,503	2
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO			3,945	3,945	1,637,056	23
015	CENTRAL SERVICES & SU			6,716	6,716	413,243	22
016	PHARMACY			2,693	2,693	2,261,129	39
017	MEDICAL RECORDS & LIB			3,680	3,680	1,158,852	139
018	SOCIAL SERVICE			3,765	3,765	836,802	47
018 01	STERILE SUPPLY			8,367	8,367	648,179	
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &					1,285,232	
023	I&R SERVICES-OTHER PR			2,492	2,492	1,990,139	27
024	PARAMED ED PRGM			209	209	71,145	1
024 01	CLINICAL PASTORAL EDU			1,072	1,072	187,068	1
024 02	PHARMACY RESIDENCY PR					245,136	
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS			71,074	71,074	14,178,993	220
026	INTENSIVE CARE UNIT			4,638	4,638	2,467,605	14
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE U						
029	SURGICAL INTENSIVE CA						
030	NEONATAL INTENSIVE CA			616	616	1,008,455	16
031	SUBPROVIDER			9,426	9,426	1,826,190	19
033	NURSERY			578	578	986,799	1
034	SKILLED NURSING FACIL						
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM			28,717	28,717	5,452,014	187
038	RECOVERY ROOM			2,116	2,116	810,227	11
039	DELIVERY ROOM & LABOR			775	775	192,181	
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC			27,692	27,692	4,180,893	153
042	RADIOLOGY-THERAPEUTIC			12,105	12,105	1,044,750	74
043	RADIOISOTOPE						
044	LABORATORY			4,997	4,997		23
045	PBP CLINICAL LAB SERV						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORING, PROCES						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			1,392	1,392	1,257,826	22
050	PHYSICAL THERAPY			6,075	6,075	1,245,870	28
051	OCCUPATIONAL THERAPY			5,295	5,295	544,265	26
052	SPEECH PATHOLOGY			4,207	4,207	696,743	12
053	ELECTROCARDIOLOGY			6,204	6,204	592,675	27
054	ELECTROENCEPHALOGRAPH						
055	MEDICAL SUPPLIES CHAR					107	
056	DRUGS CHARGED TO PATI					306,206	4
057	RENAL DIALYSIS			1,918	1,918	217	7
058	ASC (NON-DISTINCT PAR						
	OUTPAT SERVICE COST C						
060	CLINIC			147	147		
060 01	OCC HL						
060 02	SISTER MAURA BRANNICK					756,121	
060 03	FAMILY MEDICINE CENTE					790,810	65
060 04	WND CA					19,675	
060 05	OUTPATIENT TREATMENT			4,186	4,186	236,521	11
060 06	PED CL					350,173	11
061	EMERGENCY			9,761	9,761	2,566,571	66
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
064	HOME PROGRAM DIALYSIS						

065	AMBULANCE SERVICES
066	DURABLE MEDICAL EQUIP

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008

COST ALLOCATION - STATISTICAL BASIS      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET B-1

I      I TO 6/30/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES
	(SQUARE FEET	(SQUARE ) FEET	(SQUARE ) FEET	(SQUARE ) FEET	( GROSS ) SALARIES	(PHONE EXTENSI ) ONS
	1	2	3	4	5	6.01
067 OTHER REIMBURS COST C						
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
086 HOME HEALTH AGENCY						
092 SPEC PURPOSE COST CEN						
093 OTHER ORGAN ACQUISITI						
095 AMBULATORY SURGICAL C						
HOSPICE						
SUBTOTALS			355,342	355,342	62,137,040	1,550
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			1,086	1,086		3
096 01 SPORTS MED-ATHLETIC T					150,261	
096 03 RESEARCH STUDY-CARDIO						
096 04 CHILD DAY CARE					331,231	
096 05 SICK BAY			210	210	1,907	1
096 06 BEAUTY SHOP						
096 07 OUTSIDE LAUNDRY						
096 09 CRIPPLED CHILDREN'S C						
096 10 OUTREACH SERVICES					328,046	
096 11 SJRMC, INC						
096 12 ST JOSEPH REG MED CTR						
096 13 REHAB SUBACUTE						
096 14 UNUSED SPACE						
096 15 ST JOSEPH PHYSICIAN N						
096 16 OFFSITE CHAPLAINS					48,928	
096 17 ST JOSEPH REG MED CTR						
096 18 VNA						
096 19 OUR LADY OF PEACE (LT			16,494	16,494		40
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 PERINATOLOGIST					222,325	
098 02 NEONATOLOGIST					331,803	
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			4,269,131	10,187,619	75,281	519,157
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.441342		.001185	
(WRKSHT B, PT I)				27.302989		325.694479
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					75,281	42,111
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001185	
(WRKSHT B, PT III)						26.418444

		COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
		(	(SUPPLIES COST)	(GROSS CHARGES)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)
		6.02	6.03	6.04	6.05	6a.06	6.06	7
		GENERAL SERVICE COST						
001		OLD CAP REL COSTS-BLD						
002		OLD CAP REL COSTS-MVB						
003		NEW CAP REL COSTS-BLD						
004		NEW CAP REL COSTS-MVB						
005		EMPLOYEE BENEFITS						
006	01	NONPATIENT TELEPHONES						
006	02	DATA PROCESSING						
006	03	PURCHASING, RECEIVING	31,434,815					
006	04	ADMITTING	46,131	488,695,693				
006	05	CASHIERING/ACCOUNTS R			488,695,693			
006	06	OTHER ADMINISTRATIVE				-35,988,733	152,095,894	
007		MAINTENANCE & REPAIRS					471,054	354,054
008		OPERATION OF PLANT					7,695,386	66,638
009		LAUNDRY & LINEN SERVI					2,858,316	9,969
010		HOUSEKEEPING					3,200,271	12,350
011		DIETARY	329,569				3,004,978	5,161
012		CAFETERIA					262,663	7,288
013		MAINTENANCE OF PERSON						
014		NURSING ADMINISTRATIO	24,684				2,720,689	3,945
015		CENTRAL SERVICES & SU	1,589				1,595,512	6,716
016		PHARMACY					2,889,937	2,693
017		MEDICAL RECORDS & LIB	276				2,642,451	3,680
018		SOCIAL SERVICE					1,309,455	3,765
018	01	STERILE SUPPLY	356,894				1,608,421	8,367
020		NONPHYSICIAN ANESTHET						
021		NURSING SCHOOL						
022		I&R SERVICES-SALARY &					1,604,208	
023		I&R SERVICES-OTHER PR	36,851				2,893,559	2,492
024		PARAMED ED PRGM					97,225	209
024	01	CLINICAL PASTORAL EDU					301,811	1,072
024	02	PHARMACY RESIDENCY PR	299				331,398	
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS	957,205	63,974,018	63,974,018		23,036,664	71,074
026		INTENSIVE CARE UNIT	254,503	9,830,736	9,830,736		3,743,481	4,638
027		CORONARY CARE UNIT						
028		BURN INTENSIVE CARE U						
029		SURGICAL INTENSIVE CA						
030		NEONATAL INTENSIVE CA	52,587	3,256,500	3,256,500		1,274,826	616
031		SUBPROVIDER	53,519	6,142,277	6,142,277		3,537,979	9,426
033		NURSERY		3,752,945	3,752,945		1,853,878	578
034		SKILLED NURSING FACIL						
035		NURSING FACILITY						
035	01	ICF/MR						
036		OTHER LONG TERM CARE						
		ANCILLARY SRVC COST C						
037		OPERATING ROOM	19,535,602	71,915,494	71,915,494		14,724,108	28,717
038		RECOVERY ROOM	166,551	7,402,066	7,402,066		1,346,818	2,116
039		DELIVERY ROOM & LABOR		3,950,836	3,950,836		395,835	775
040		ANESTHESIOLOGY						
041		RADIOLOGY-DIAGNOSTIC	6,378,379	82,764,119	82,764,119		10,206,340	27,692
042		RADIOLOGY-THERAPEUTIC	35,003	9,212,281	9,212,281		1,945,037	12,105
043		RADIOISOTOPE						
044		LABORATORY		43,122,663	43,122,663		8,760,979	4,997
045		PBP CLINICAL LAB SERV						
046		WHOLE BLOOD & PACKED						
047		BLOOD STORING, PROCES						

065	AMBULANCE SERVICES
066	DURABLE MEDICAL EQUIP

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
COST ALLOCATION - STATISTICAL BASIS      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET B-1  
I TO 6/30/2008 I

COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASING, R ECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
(	(SUPPLIES COST(	GROSS	( GROSS	RECONCIL- IATION	( ACCUM. COST	(SQUARE FEET
)	) CHARGES	) CHARGES	) CHARGES	) CHARGES	) CHARGES	) CHARGES
	6.02	6.03	6.04	6.05	6a.06	6.06
7						
067 OTHER REIMBURS COST C						
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
086 HOME HEALTH AGENCY						
092 SPEC PURPOSE COST CEN						
093 OTHER ORGAN ACQUISITI						
095 AMBULATORY SURGICAL C						
HOSPICE						
SUBTOTALS	31,393,632	488,695,693	488,695,693	-35,988,733	149,457,143	336,264
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE					43,053	1,086
096 01 SPORTS MED-ATHLETIC T					113,696	
096 03 RESEARCH STUDY-CARDIO						
096 04 CHILD DAY CARE	6,271				522,622	
096 05 SICK BAY					9,968	210
096 06 BEAUTY SHOP						
096 07 OUTSIDE LAUNDRY						
096 09 CRIPPLED CHILDREN'S C						
096 10 OUTREACH SERVICES	24,736				477,856	
096 11 SJRMC, INC					14,039	
096 12 ST JOSEPH REG MED CTR						
096 13 REHAB SUBACUTE						
096 14 UNUSED SPACE						
096 15 ST JOSEPH PHYSICIAN N						
096 16 OFFSITE CHAPLAINS					55,365	
096 17 ST JOSEPH REG MED CTR						
096 18 VNA	498				500	
096 19 OUR LADY OF PEACE (LT					652,077	16,494
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 PERINATOLOGIST	9,678				303,041	
098 02 NEONATOLOGIST					446,534	
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	99,323	1,394,241			35,988,733	582,514
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.003160				.236619	
(WRKSHT B, PT I)			.002853			1.645269
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	97,030	57,252			6,597	469,578
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER	.003087				.000043	
(WRKSHT B, PT III)			.000117			1.326289

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
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COST ALLOCATION - STATISTICAL BASIS      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET B-1  
I TO 6/30/2008 I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
	(SQUARE FEET	(POUNDS OF ) LAUNDRY	(SQUARE ) FEET	(MEALS )ERVED	S(FTE's )	(NUMBER ) HOUSED	(NURSING FTE'S )
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	287,416						
009 LAUNDRY & LINEN SERVI	9,969	2,396,692					
010 HOUSEKEEPING	12,350		265,097				
011 DIETARY	5,161		5,161	180,825			
012 CAFETERIA	7,288		7,288		955		
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	3,945		3,945		24		565
015 CENTRAL SERVICES & SU	6,716		6,716		13		
016 PHARMACY	2,693		2,693		31		
017 MEDICAL RECORDS & LIB	3,680		3,680		31		
018 SOCIAL SERVICE	3,765		3,765		14		
018 01 STERILE SUPPLY	8,367	78,984	8,367		19		
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &					24		
023 I&R SERVICES-OTHER PR	2,492		2,492		18		
024 PARAMED ED PRGM	209		209		1		
024 01 CLINICAL PASTORAL EDU	1,072		1,072		5		
024 02 PHARMACY RESIDENCY PR					4		
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	71,074	1,061,914	71,074	134,303	273		273
027 INTENSIVE CARE UNIT	4,638	165,542	4,638	6,923	39		39
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
030 SURGICAL INTENSIVE CA							
031 NEONATAL INTENSIVE CA	616		616		15		15
033 SUBPROVIDER	9,426	142,593	9,426	18,006	34		34
034 NURSERY	578	58,822	578		16		16
035 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	28,717	173,506	28,717	794	102		102
039 RECOVERY ROOM	2,116	36,919	2,116	4	13		13
040 DELIVERY ROOM & LABOR	775	11,207	775		16		16
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	27,692	117,676	27,692		73		
043 RADIOLOGY-THERAPEUTIC	12,105	19,854	12,105		15		
044 RADIOISOTOPE							
045 LABORATORY	4,997	51	4,997				
046 PBP CLINICAL LAB SERV							
047 WHOLE BLOOD & PACKED							
048 BLOOD STORING, PROCES							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	1,392		1,392		23		
051 PHYSICAL THERAPY	6,075	23,629	6,075		21		
052 OCCUPATIONAL THERAPY	5,295	592	5,295		10		
053 SPEECH PATHOLOGY	4,207	6,173	4,207		10		
054 ELECTROCARDIOLOGY	6,204		6,204		11		
055 ELECTROENCEPHALOGRAPH							
056 MEDICAL SUPPLIES CHAR							
057 DRUGS CHARGED TO PATI					4		
058 RENAL DIALYSIS	1,918	635	1,918				
060 ASC (NON-DISTINCT PAR							
060 OUTPAT SERVICE COST C							
060 CLINIC	147		147				
060 01 OCC HL							
060 02 SISTER MAURA BRANNICK		1,615					
060 03 FAMILY MEDICINE CENTE		6,886			23		
060 04 WND CA							
060 05 OUTPATIENT TREATMENT	4,186	2,075	4,186	236	4		4
060 06 PED CL					7		7
061 EMERGENCY	9,761	275,701	9,761	778	46		46
062 OBSERVATION BEDS (NON							
064 OTHER REIMBURS COST C							
HOME PROGRAM DIALYSIS							

065	AMBULANCE SERVICES
066	DURABLE MEDICAL EQUIP

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS ERVED)	CAFETERIA S(FTE's )	MAINTENANCE O F PERSONNEL (NUMBER ) HOUSED	NURSING ADMIN ISTRATION (NURSING FTE'S )
	8	9	10	11	12	13	14
067 OTHER REIMBURS COST C							
069 DURABLE MEDICAL EQUIP							
070 CORF							
071 I&R SERVICES-NOT APPR							
086 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CEN							
093 OTHER ORGAN ACQUISITI							
095 AMBULATORY SURGICAL C							
095 HOSPICE							
095 SUBTOTALS	269,626	2,184,374	247,307	161,044	939		565
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,086		1,086				
096 01 SPORTS MED-ATHLETIC T					4		
096 03 RESEARCH STUDY-CARDIO							
096 04 CHILD DAY CARE		6,498			12		
096 05 SICK BAY	210		210				
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY							
096 09 CRIPPLED CHILDREN'S C							
096 10 OUTREACH SERVICES							
096 11 SJRMC, INC							
096 12 ST JOSEPH REG MED CTR							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE							
096 15 ST JOSEPH PHYSICIAN N							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR							
096 18 VNA							
096 19 OUR LADY OF PEACE (LT	16,494	194,619	16,494	19,781			
097 RESEARCH							
098 PHYSICIANS' PRIVATE O		11,201					
098 01 PERINATOLOGIST							
098 02 NEONATOLOGIST							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	9,625,898	3,884,923	4,391,451	3,982,846	701,618		3,586,053
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.620952		22.025970			
(WRKSHT B, PT I)	33.491170		16.565450		734.678534		6,346.996460
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	2,673,976	493,668	612,300	270,150	366,321		215,839
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.205979		1.493986			
(WRKSHT B, PT III)	9.303504		2.309721		383.582199		382.015929

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COST ALLOCATION - STATISTICAL BASIS      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET B-1  
I TO 6/30/2008 I

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY (SUPPLIES COST(COSTED )EQUIS.	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	STERILE SUPPL Y	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L
			R(	GROSS ) CHARGES	(TIME ) SPENT	(COSTED REQ )	(ASSIGNED ) TIME	(ASSIGNED ) TIME
		15	16	17	18	18.01	20	21
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS R							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU	31,032,842						
016	PHARMACY		8,562,072					
017	MEDICAL RECORDS & LIB	276		488,695,693				
018	SOCIAL SERVICE		27,404		4,904			
018	01 STERILE SUPPLY	356,894				31,868		
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR	36,851	2,228					
024	PARAMED ED PRGM							
024	01 CLINICAL PASTORAL EDU							
024	02 PHARMACY RESIDENCY PR	299						
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	957,205	4,969	63,974,018	4,304	979		
026	INTENSIVE CARE UNIT	254,503	598	9,830,736	314	162		
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
030	NEONATAL INTENSIVE CA	52,587	2,934	3,256,500	108	80		
031	SUBPROVIDER	53,519	110	6,142,277	1	112		
033	NURSERY			3,752,945		42		
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	19,535,602	17,428	71,915,494	4	30,404		
038	RECOVERY ROOM	166,551	964	7,402,066				
039	DELIVERY ROOM & LABOR			3,950,836				
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	6,378,379	563,221	82,764,119				
042	RADIOLOGY-THERAPEUTIC	35,003	5,077	9,212,281				
043	RADIOISOTOPE							
044	LABORATORY			43,122,663				
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	218,702	342	13,003,500				
050	PHYSICAL THERAPY	51,949	500	5,318,936				
051	OCCUPATIONAL THERAPY	31,556	502	3,176,379				
052	SPEECH PATHOLOGY	13,730		2,565,826				
053	ELECTROCARDIOLOGY	31,443	358	9,863,634				
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR	1,999,670	30,917	67,905,024				
056	DRUGS CHARGED TO PATI	229,962	7,734,932	57,966,010				
057	RENAL DIALYSIS	129,369	816	1,670,921				
058	ASC (NON-DISTINCT PAR							
	OUTPAT SERVICE COST C							
060	CLINIC			116,329				
060	01 OCC HL							
060	02 SISTER MAURA BRANNICK	17,704	74,432	500,310				
060	03 FAMILY MEDICINE CENTE	22,462	69,056	3,288,603				
060	04 WND CA	35,315	667					
060	05 OUTPATIENT TREATMENT	40,966	3,188	1,219,052				
060	06 PED CL	13,461	2,908	467,860	3			
061	EMERGENCY	327,701	5,424	16,309,374	170	89		
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							

065	AMBULANCE SERVICES
066	DURABLE MEDICAL EQUIP

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COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	STERILE SUPPL Y	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L
	(SUPPLIES COST(COSTED )EQUIS.	R( GROSS ) CHARGES	(TIME ) SPENT	(COSTED REQ )	(ASSIGNED ) TIME	(ASSIGNED ) TIME
	15	16	17	18	18.01	20
067 OTHER REIMBURS COST C						21
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	30,991,659	8,548,975	488,695,693	4,904	31,868	
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
096 01 SPORTS MED-ATHLETIC T		13,097				
096 03 RESEARCH STUDY-CARDIO						
096 04 CHILD DAY CARE	6,271					
096 05 SICK BAY						
096 06 BEAUTY SHOP						
096 07 OUTSIDE LAUNDRY						
096 09 CRIPPLED CHILDREN'S C						
096 10 OUTREACH SERVICES	24,736					
096 11 SJRMC, INC						
096 12 ST JOSEPH REG MED CTR						
096 13 REHAB SUBACUTE						
096 14 UNUSED SPACE						
096 15 ST JOSEPH PHYSICIAN N						
096 16 OFFSITE CHAPLAINS						
096 17 ST JOSEPH REG MED CTR						
096 18 VNA	498					
096 19 OUR LADY OF PEACE (LT						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 PERINATOLOGIST	9,678					
098 02 NEONATOLOGIST						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,329,822	3,735,760	3,480,765	1,836,196	2,590,376	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER		.436315		374.428222		
(WRKSHT B, PT I)	.075076		.007123		81.284549	
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	353,240	154,909	207,251	202,746	461,997	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.018092		41.342985		
(WRKSHT B, PT III)	.011383		.000424		14.497207	

COST CENTER DESCRIPTION		I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PR CLINICAL ORAL EDUCATI	PAST RES (PHARMACY TIME)	RESIDENCY PROGRA
		(ASSIGNED TIME)	(ASSIGNED TIME)	(PARAMEDIC TIME)	TIM(PASTORAL TIME)	RES (PHARMACY TIME)	(PHARMACY TIME)
		22	23	24	24.01		24.02
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS						
006 01	NONPATIENT TELEPHONES						
006 02	DATA PROCESSING						
006 03	PURCHASING, RECEIVING						
006 04	ADMITTING						
006 05	CASHIERING/ACCOUNTS R						
006 06	OTHER ADMINISTRATIVE						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO						
015	CENTRAL SERVICES & SU						
016	PHARMACY						
017	MEDICAL RECORDS & LIB						
018	SOCIAL SERVICE						
018 01	STERILE SUPPLY						
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &	408					
023	I&R SERVICES-OTHER PR		408				
024	PARAMED ED PRGM			100			
024 01	CLINICAL PASTORAL EDU				3,203		
024 02	PHARMACY RESIDENCY PR						100
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	180	180		2,282		100
026	INTENSIVE CARE UNIT	15	15		367		
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE U						
029	SURGICAL INTENSIVE CA						
030	NEONATAL INTENSIVE CA	9	9		33		
031	SUBPROVIDER	24	24		8		
033	NURSERY				15		
034	SKILLED NURSING FACIL						
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	45	45		339		
038	RECOVERY ROOM	2	2				
039	DELIVERY ROOM & LABOR						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	9	9		6		
042	RADIOLOGY-THERAPEUTIC				6		
043	RADIOISOTOPE						
044	LABORATORY						
045	PBP CLINICAL LAB SERV						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORING, PROCES						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY						
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	20	20				
054	ELECTROENCEPHALOGRAPH						
055	MEDICAL SUPPLIES CHAR						

065	AMBULANCE SERVICES
066	DURABLE MEDICAL EQUIP

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
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COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI (ASSIGNED TIME	I&R SERVICES- OTHER PRGM C (ASSIGNED ) TIME	PARAMED ED PR GM (PARAMEDIC TIM )E	CLINICAL PAST ORAL EDUCATI (PASTORAL RES )TIME	PHARMACY RESI DENCY PROGRA (PHARMACY TIME )
	22	23	24	24.01	24.02
067 OTHER REIMBURS COST C					
069 DURABLE MEDICAL EQUIP					
070 CORF					
071 I&R SERVICES-NOT APPR					
086 HOME HEALTH AGENCY					
092 SPEC PURPOSE COST CEN					
093 OTHER ORGAN ACQUISITI					
095 AMBULATORY SURGICAL C					
HOSPICE					
SUBTOTALS	408	408	100	3,177	100
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
096 01 SPORTS MED-ATHLETIC T					
096 03 RESEARCH STUDY-CARDIO					
096 04 CHILD DAY CARE					
096 05 SICK BAY					
096 06 BEAUTY SHOP					
096 07 OUTSIDE LAUNDRY					
096 09 CRIPPLED CHILDREN'S C					
096 10 OUTREACH SERVICES					
096 11 SJRMC, INC					
096 12 ST JOSEPH REG MED CTR					
096 13 REHAB SUBACUTE					
096 14 UNUSED SPACE					
096 15 ST JOSEPH PHYSICIAN N					
096 16 OFFSITE CHAPLAINS					
096 17 ST JOSEPH REG MED CTR					
096 18 VNA					
096 19 OUR LADY OF PEACE (LT				26	
097 RESEARCH					
098 PHYSICIANS' PRIVATE O					
098 01 PERINATOLOGIST					
098 02 NEONATOLOGIST					
099 NONPAID WORKERS					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	2,001,426	3,724,034	131,771	432,323	412,774
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		9,127.534314		134.974399	
(WRKSHT B, PT I)					
105 COST TO BE ALLOCATED	4,905.455882		1,317.710000		4,127.740000
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	10,798	139,468	11,299	57,584	1,842
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		341.833333		17.978145	
(WRKSHT B, PT III)					
	26.465686		112.990000		18.420000

LIST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	41,716,573		41,716,573	16,418	41,732,991
27	INTENSIVE CARE UNIT	5,835,727		5,835,727	19,427	5,855,154
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE U					
31	NEONATAL INTENSIVE CARE U	1,794,366		1,794,366		1,794,366
32	SUBPROVIDER	5,789,362		5,789,362		5,789,362
33	NURSERY	2,563,251		2,563,251		2,563,251
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
36	01 ICF/MR					
37	OTHER LONG TERM CARE					
38	ANCILLARY SRVC COST CNTRS					
39	OPERATING ROOM	25,219,042		25,219,042	92,111	25,311,153
40	RECOVERY ROOM	1,992,545		1,992,545		1,992,545
41	DELIVERY ROOM & LABOR ROO	689,181		689,181		689,181
42	ANESTHESIOLOGY					
43	RADIOLOGY-DIAGNOSTIC	15,612,190		15,612,190		15,612,190
44	RADIOLOGY-THERAPEUTIC	3,145,596		3,145,596		3,145,596
45	RADIOISOTOPE					
46	LABORATORY	11,399,593		11,399,593		11,399,593
47	PBP CLINICAL LAB SERVICES					
48	WHOLE BLOOD & PACKED RED					
49	BLOOD STORING, PROCESSING					
50	INTRAVENOUS THERAPY					
51	RESPIRATORY THERAPY	2,738,508		2,738,508	16,094	2,754,602
52	PHYSICAL THERAPY	2,853,200		2,853,200		2,853,200
53	OCCUPATIONAL THERAPY	1,624,323		1,624,323		1,624,323
54	SPEECH PATHOLOGY	1,578,309		1,578,309		1,578,309
55	ELECTROCARDIOLOGY	2,166,405		2,166,405	13,712	2,180,117
56	ELECTROENCEPHALOGRAPHY					
57	MEDICAL SUPPLIES CHARGED	24,788,141		24,788,141		24,788,141
58	DRUGS CHARGED TO PATIENTS	14,364,567		14,364,567		14,364,567
59	RENAL DIALYSIS	389,055		389,055		389,055
60	ASC (NON-DISTINCT PART)					
61	OUTPAT SERVICE COST CNTRS					
62	CLINIC	85,308		85,308		85,308
63	01 OCC HL					
64	02 SISTER MAURA BRANNICK HEA	1,015,843		1,015,843		1,015,843
65	03 FAMILY MEDICINE CENTER	1,472,399		1,472,399		1,472,399
66	04 WND CA	148,446		148,446		148,446
67	05 OUTPATIENT TREATMENT & IN	878,493		878,493		878,493
68	06 PED CL	522,550		522,550		522,550
69	EMERGENCY	6,989,365		6,989,365	119,830	7,109,195
70	OBSERVATION BEDS (NON-DIS	2,171,956		2,171,956		2,171,956
71	OTHER REIMBURS COST CNTRS					
72	HOME PROGRAM DIALYSIS					
73	AMBULANCE SERVICES					
74	DURABLE MEDICAL EQUIP-REN					
75	DURABLE MEDICAL EQUIP-SOL					
76	SUBTOTAL	179,544,294		179,544,294	277,592	179,821,886
77	LESS OBSERVATION BEDS	2,171,956		2,171,956		2,171,956
78	TOTAL	177,372,338		177,372,338	277,592	177,649,930

WKST A	COST CENTER DESCRIPTION	INPATIENT CHARGES	OUTPATIENT CHARGES	TOTAL CHARGES	COST OR OTHER RATIO	TEFRA INPAT- IENT RATIO	PPS INPAT- IENT RATIO
LINE NO.		6	7	8	9	10	11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	59,459,835		59,459,835			
27	INTENSIVE CARE UNIT	9,830,736		9,830,736			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
31	NEONATAL INTENSIVE CARE U	3,256,500		3,256,500			
32	SUBPROVIDER	6,142,277		6,142,277			
33	NURSERY	3,752,945		3,752,945			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	41,335,209	30,580,285	71,915,494	.350676	.350676	.351957
38	RECOVERY ROOM	3,842,202	3,559,864	7,402,066	.269188	.269188	.269188
39	DELIVERY ROOM & LABOR ROO	3,950,836		3,950,836	.174439	.174439	.174439
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	44,517,025	38,247,094	82,764,119	.188635	.188635	.188635
42	RADIOLOGY-THERAPEUTIC	279,635	8,932,646	9,212,281	.341457	.341457	.341457
43	RADIOISOTOPE						
44	LABORATORY	30,966,972	12,155,691	43,122,663	.264353	.264353	.264353
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	9,231,594	3,771,906	13,003,500	.210598	.210598	.211835
50	PHYSICAL THERAPY	2,923,045	2,395,891	5,318,936	.536423	.536423	.536423
51	OCCUPATIONAL THERAPY	2,602,814	573,565	3,176,379	.511376	.511376	.511376
52	SPEECH PATHOLOGY	1,041,827	1,523,999	2,565,826	.615127	.615127	.615127
53	ELECTROCARDIOLOGY	3,675,844	6,187,790	9,863,634	.219636	.219636	.221026
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	50,920,752	16,984,272	67,905,024	.365041	.365041	.365041
56	DRUGS CHARGED TO PATIENTS	42,773,481	15,192,529	57,966,010	.247810	.247810	.247810
57	RENAL DIALYSIS	923,271	747,650	1,670,921	.232839	.232839	.232839
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	116,329		116,329	.733334	.733334	.733334
60 01	OCC HL						
60 02	SISTER MAURA BRANNICK HEA		500,310	500,310	2.030427	2.030427	2.030427
60 03	FAMILY MEDICINE CENTER		3,288,603	3,288,603	.447728	.447728	.447728
60 04	WND CA						
60 05	OUTPATIENT TREATMENT & IN	16,872	1,202,180	1,219,052	.720636	.720636	.720636
60 06	PED CL	702	467,158	467,860	1.116894	1.116894	1.116894
61	EMERGENCY	5,813,150	10,496,224	16,309,374	.428549	.428549	.435896
62	OBSERVATION BEDS (NON-DIS	362,388	4,151,795	4,514,183	.481140	.481140	.481140
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	327,736,241	160,959,452	488,695,693			
102	LESS OBSERVATION BEDS						
103	TOTAL	327,736,241	160,959,452	488,695,693			

WKST A LINE NO.	COST CENTER DESCRIPTION	-----	OLD CAPITAL	-----	-----	NEW CAPITAL	-----
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				4,566,088		4,566,088
26	INTENSIVE CARE UNIT				341,807		341,807
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				53,196		53,196
31	SUBPROVIDER				578,057		578,057
33	NURSERY				58,152		58,152
101	TOTAL				5,597,300		5,597,300

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	46,768	22,089			97.63	2,156,549
26	INTENSIVE CARE UNIT	4,852	2,348			70.45	165,417
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	2,161				24.62	
31	SUBPROVIDER	5,955	3,681			97.07	357,315
33	NURSERY	2,261				25.72	
101	TOTAL	61,997	28,118				2,679,281

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART II

I 15-0012 I

TITLE XVIII, PART A		HOSPITAL		PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO
		1	2	3	4	5
						6
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		2,374,080	71,915,494	19,792,960	
38	RECOVERY ROOM		134,666	7,402,066	1,680,370	
39	DELIVERY ROOM & LABOR ROO		56,994	3,950,836	12,490	
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		1,640,288	82,764,119	14,850,836	
42	RADIOLOGY-THERAPEUTIC		644,336	9,212,281	206,248	
43	RADIOISOTOPE					
44	LABORATORY		282,589	43,122,663	15,370,479	
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		93,129	13,003,500	4,725,184	
50	PHYSICAL THERAPY		332,840	5,318,936	861,241	
51	OCCUPATIONAL THERAPY		281,186	3,176,379	468,697	
52	SPEECH PATHOLOGY		225,318	2,565,826	279,229	
53	ELECTROCARDIOLOGY		332,139	9,863,634	1,330,078	
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED		67,070	67,905,024	28,898,293	
56	DRUGS CHARGED TO PATIENTS		177,003	57,966,010	18,818,446	
57	RENAL DIALYSIS		102,244	1,670,921	525,113	
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		7,665	116,329		
60	01 OCC HL					
60	02 SISTER MAURA BRANNICK HEA		3,138	500,310		
60	03 FAMILY MEDICINE CENTER		16,295	3,288,603		
60	04 WND CA		551			
60	05 OUTPATIENT TREATMENT & IN		222,091	1,219,052		
60	06 PED CL		6,706	467,860		
61	EMERGENCY		624,606	16,309,374	2,137,362	
62	OBSERVATION BEDS (NON-DIS		237,638	4,514,183		
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL		7,862,572	406,253,400	109,957,026	

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(09/1996) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART II  
 I 15-0012 I

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.033012	653,405
38	RECOVERY ROOM	.018193	30,571
39	DELIVERY ROOM & LABOR ROO	.014426	180
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.019819	294,329
42	RADIOLOGY-THERAPEUTIC	.069943	14,426
43	RADIOISOTOPE		
44	LABORATORY	.006553	100,723
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.007162	33,842
50	PHYSICAL THERAPY	.062576	53,893
51	OCCUPATIONAL THERAPY	.088524	41,491
52	SPEECH PATHOLOGY	.087815	24,520
53	ELECTROCARDIOLOGY	.033673	44,788
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.000988	28,552
56	DRUGS CHARGED TO PATIENTS	.003054	57,472
57	RENAL DIALYSIS	.061190	32,132
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.065891	
60	01 OCC HL		
60	02 SISTER MAURA BRANNICK HEA	.006272	
60	03 FAMILY MEDICINE CENTER	.004955	
60	04 WND CA		
60	05 OUTPATIENT TREATMENT & IN	.182183	
60	06 PED CL	.014333	
61	EMERGENCY	.038297	81,855
62	OBSERVATION BEDS (NON-DIS	.052643	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		1,492,179

PPS

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008

SERVICE OTHER PASS THROUGH COSTS      I 15-0012      I FROM 7/ 1/2007      I WORKSHEET D

TITLE XVIII, PART A      I      I TO 6/30/2008      I PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		720,785		720,785	46,768	15.41
26	INTENSIVE CARE UNIT		49,536		49,536	4,852	10.21
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U		4,454		4,454	2,161	2.06
31	SUBPROVIDER		1,080		1,080	5,955	.18
33	NURSERY		2,025		2,025	2,261	.90
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL		777,880		777,880	61,997	

Health Financial Systems	MCRIF32	FOR ST JOSEPH REG MED CTR - SB CAMPUS	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO: 15-0012	I PERIOD: 7/ 1/2007 I PREPARED 11/24/2008
SERVICE OTHER PASS THROUGH COSTS		I	I FROM 7/ 1/2007 I WORKSHEET D
TITLE XVIII, PART A		I	I TO 6/30/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	22,089	340,391
26	INTENSIVE CARE UNIT	2,348	23,973
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER	3,681	663
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	28,118	365,027

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005)  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
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 I 15-0012 I

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			45,756			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			810			
42	RADIOLOGY-THERAPEUTIC			810			
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OCC HL						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY			148,103			
62	OBSERVATION BEDS (NON-DIS			37,512			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			232,991			

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37		ANCILLARY SRVC COST CNTRS							
38		OPERATING ROOM	45,756	45,756	71,915,494	.000636	.000636	19,792,960	12,588
39		RECOVERY ROOM			7,402,066			1,680,370	
40		DELIVERY ROOM & LABOR ROO			3,950,836			12,490	
41		ANESTHESIOLOGY							
42		RADIOLOGY-DIAGNOSTIC	810	810	82,764,119	.000010	.000010	14,850,836	149
43		RADIOLOGY-THERAPEUTIC	810	810	9,212,281	.000088	.000088	206,248	18
44		RADIOISOTOPE							
45		LABORATORY			43,122,663			15,370,479	
46		PBP CLINICAL LAB SERVICES							
47		WHOLE BLOOD & PACKED RED							
48		BLOOD STORING, PROCESSING							
49		INTRAVENOUS THERAPY							
50		RESPIRATORY THERAPY			13,003,500			4,725,184	
51		PHYSICAL THERAPY			5,318,936			861,241	
52		OCCUPATIONAL THERAPY			3,176,379			468,697	
53		SPEECH PATHOLOGY			2,565,826			279,229	
54		ELECTROCARDIOLOGY			9,863,634			1,330,078	
55		ELECTROENCEPHALOGRAPHY							
56		MEDICAL SUPPLIES CHARGED			67,905,024			28,898,293	
57		DRUGS CHARGED TO PATIENTS			57,966,010			18,818,446	
58		RENAL DIALYSIS			1,670,921			525,113	
60		ASC (NON-DISTINCT PART)							
60		OUTPAT SERVICE COST CNTRS							
60		CLINIC			116,329				
60	01	OCC HL							
60	02	SISTER MAURA BRANNICK HEA			500,310				
60	03	FAMILY MEDICINE CENTER			3,288,603				
60	04	WND CA							
60	05	OUTPATIENT TREATMENT & IN			1,219,052				
60	06	PED CL			467,860				
61		EMERGENCY	148,103	148,103	16,309,374	.009081	.009081	2,137,362	19,409
62		OBSERVATION BEDS (NON-DIS	37,512	37,512	4,514,183	.008310	.008310		
64		OTHER REIMBURS COST CNTRS							
65		HOME PROGRAM DIALYSIS							
66		AMBULANCE SERVICES							
67		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	232,991	232,991	406,253,400			109,957,026	32,164

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-0012 I

TITLE XVIII, PART A		HOSPITAL				PPS		COL 8.01	COL 8.02
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	PASS THRU COST	* COL 5	* COL 5	
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04					
		8	8.01	8.02	9		9.01	9.02	
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	7,670,039				4,878			
38	RECOVERY ROOM	703,522							
39	DELIVERY ROOM & LABOR ROO								
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	10,027,622				100			
42	RADIOLOGY-THERAPEUTIC	3,338,007				294			
43	RADIOISOTOPE								
44	LABORATORY	1,678,405							
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY	615,957							
50	PHYSICAL THERAPY	1,108							
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY	600							
53	ELECTROCARDIOLOGY	1,488,283							
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED	5,685,878							
56	DRUGS CHARGED TO PATIENTS	5,790,821							
57	RENAL DIALYSIS	100,001							
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
60	01 OCC HL								
60	02 SISTER MAURA BRANNICK HEA								
60	03 FAMILY MEDICINE CENTER								
60	04 WND CA								
60	05 OUTPATIENT TREATMENT & IN								
60	06 PED CL	2,026							
61	EMERGENCY	1,761,150				15,993			
62	OBSERVATION BEDS (NON-DIS								
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	38,863,419				21,265			

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(05/2004)  
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART V  
 I 15-0012 I I

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.350676	.350676			
38	RECOVERY ROOM	.269188	.269188			
39	DELIVERY ROOM & LABOR ROOM	.174439	.174439			
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	.188635	.188635			
42	RADIOLOGY-THERAPEUTIC	.341457	.341457			
43	RADIOISOTOPE					
44	LABORATORY	.264353	.264353			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	.210598	.210598			
50	PHYSICAL THERAPY	.536423	.536423			
51	OCCUPATIONAL THERAPY	.511376	.511376			
52	SPEECH PATHOLOGY	.615127	.615127			
53	ELECTROCARDIOLOGY	.219636	.219636			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.365041	.365041			
56	DRUGS CHARGED TO PATIENTS	.247810	.247810			
57	RENAL DIALYSIS	.232839	.232839			
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.733334	.733334			
60	01 OCC HL					
60	02 SISTER MAURA BRANNICK HEALTH CENTER	2.030427	2.030427			
60	03 FAMILY MEDICINE CENTER	.447728	.447728			
60	04 WND CA					
60	05 OUTPATIENT TREATMENT & INFUSION	.720636	.720636			
60	06 PED CL	1.116894	1.116894			
61	EMERGENCY	.428549	.428549			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.481140	.481140			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

HOSPITAL

Outpatient  
Ambulatory  
Surgical Ctr

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

HOSPITAL

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

HOSPITAL

Cost Center Description	9.03	10	11
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(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(09/1996)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE      CAPITAL COSTS      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008

15-0012      I FROM 7/ 1/2007      I WORKSHEET D

15-T012      I COMPONENT NO:      I TO 6/30/2008      I PART II

15-T012      I PPS

TITLE XVIII, PART A		SUBPROVIDER 1		PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO
		1	2	3	4	5
						6
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM		2,374,080	71,915,494	72,868	
39	RECOVERY ROOM		134,666	7,402,066	8,030	
40	DELIVERY ROOM & LABOR ROO		56,994	3,950,836		
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC		1,640,288	82,764,119	259,720	
43	RADIOLOGY-THERAPEUTIC		644,336	9,212,281	8,917	
44	RADIOISOTOPE					
45	LABORATORY		282,589	43,122,663	554,319	
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY		93,129	13,003,500	271,324	
51	PHYSICAL THERAPY		332,840	5,318,936	759,599	
52	OCCUPATIONAL THERAPY		281,186	3,176,379	1,095,875	
53	SPEECH PATHOLOGY		225,318	2,565,826	232,458	
54	ELECTROCARDIOLOGY		332,139	9,863,634	15,784	
55	ELECTROENCEPHALOGRAPHY					
56	MEDICAL SUPPLIES CHARGED		67,070	67,905,024	81,741	
57	DRUGS CHARGED TO PATIENTS		177,003	57,966,010	1,118,190	
58	RENAL DIALYSIS		102,244	1,670,921	47,310	
59	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		7,665	116,329	73,614	
60	01 OCC HL					
60	02 SISTER MAURA BRANNICK HEA		3,138	500,310		
60	03 FAMILY MEDICINE CENTER		16,295	3,288,603		
60	04 WND CA		551			
60	05 OUTPATIENT TREATMENT & IN		222,091	1,219,052	14,479	
60	06 PED CL		6,706	467,860		
61	EMERGENCY		624,606	16,309,374	305	
62	OBSERVATION BEDS (NON-DIS		237,638	4,514,183		
63	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL		7,862,572	406,253,400	4,614,533	

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE      CAPITAL COSTS      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008

15-0012      I FROM 7/ 1/2007      I WORKSHEET D

15-T012      I TO 6/30/2008      I PART II

PPS

TITLE XVIII, PART A		SUBPROVIDER 1	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.033012	2,406
38	RECOVERY ROOM	.018193	146
39	DELIVERY ROOM & LABOR ROO	.014426	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.019819	5,147
42	RADIOLOGY-THERAPEUTIC	.069943	624
43	RADIOISOTOPE		
44	LABORATORY	.006553	3,632
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.007162	1,943
50	PHYSICAL THERAPY	.062576	47,533
51	OCCUPATIONAL THERAPY	.088524	97,011
52	SPEECH PATHOLOGY	.087815	20,413
53	ELECTROCARDIOLOGY	.033673	531
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.000988	81
56	DRUGS CHARGED TO PATIENTS	.003054	3,415
57	RENAL DIALYSIS	.061190	2,895
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.065891	4,851
60	01 OCC HL		
60	02 SISTER MAURA BRANNICK HEA	.006272	
60	03 FAMILY MEDICINE CENTER	.004955	
60	04 WND CA		
60	05 OUTPATIENT TREATMENT & IN	.182183	2,638
60	06 PED CL	.014333	
61	EMERGENCY	.038297	12
62	OBSERVATION BEDS (NON-DIS	.052643	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		193,278

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005)  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-T012 I

TITLE XVIII, PART A		SUBPROVIDER 1		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			45,756			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			810			
42	RADIOLOGY-THERAPEUTIC			810			
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OCC HL						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY			148,103			
62	OBSERVATION BEDS (NON-DIS			37,512			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			232,991			

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-T012 I

TITLE XVIII, PART A		SUBPROVIDER 1		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P COST	RATIO OF COST TO CHARGES	INPAT CHARGE	INPAT PASS THRU COST
LINE NO.		3	3.01	4	5		5.01	6	7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	45,756	45,756	71,915,494	.000636		.000636	72,868	46
38	RECOVERY ROOM			7,402,066				8,030	
39	DELIVERY ROOM & LABOR ROO			3,950,836					
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	810	810	82,764,119	.000010		.000010	259,720	3
42	RADIOLOGY-THERAPEUTIC	810	810	9,212,281	.000088		.000088	8,917	1
43	RADIOISOTOPE								
44	LABORATORY			43,122,663				554,319	
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			13,003,500				271,324	
50	PHYSICAL THERAPY			5,318,936				759,599	
51	OCCUPATIONAL THERAPY			3,176,379				1,095,875	
52	SPEECH PATHOLOGY			2,565,826				232,458	
53	ELECTROCARDIOLOGY			9,863,634				15,784	
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED			67,905,024				81,741	
56	DRUGS CHARGED TO PATIENTS			57,966,010				1,118,190	
57	RENAL DIALYSIS			1,670,921				47,310	
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			116,329				73,614	
60	01 OCC HL								
60	02 SISTER MAURA BRANNICK HEA			500,310					
60	03 FAMILY MEDICINE CENTER			3,288,603					
60	04 WND CA								
60	05 OUTPATIENT TREATMENT & IN			1,219,052				14,479	
60	06 PED CL			467,860					
61	EMERGENCY	148,103	148,103	16,309,374	.009081		.009081	305	3
62	OBSERVATION BEDS (NON-DIS	37,512	37,512	4,514,183	.008310		.008310		
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	232,991	232,991	406,253,400				4,614,533	53

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-T012 I

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OCC HL						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
	TOTAL						

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE      CAPITAL COSTS      I      PROVIDER NO:      I PERIOD:      I      PREPARED 11/24/2008

15-0012      I FROM 7/ 1/2007      I      WORKSHEET D

I TO 6/30/2008      I      PART I

TITLE XIX      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				4,566,088		4,566,088
26	ADULTS & PEDIATRICS				341,807		341,807
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
31	NEONATAL INTENSIVE CARE U				53,196		53,196
33	SUBPROVIDER				578,057		578,057
101	NURSERY				58,152		58,152
	TOTAL				5,597,300		5,597,300

WST A LINE NO.	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
		PATIENT	PROGRAM	PER	OLD	PER	NEW
		DAYS	DAYS	DIEM	CAP CST	DIEM	CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	46,768	7,313			97.63	713,968
26	INTENSIVE CARE UNIT	4,852	630			70.45	44,384
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	2,161	888			24.62	21,863
31	SUBPROVIDER	5,955	285			97.07	27,665
33	NURSERY	2,261	883			25.72	22,711
101	TOTAL	61,997	9,999				830,599

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART II

I 15-0012 I

TITLE XIX		HOSPITAL		PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO
		1	2	3	4	5
						6
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		2,374,080	71,915,494	5,308,205	
38	RECOVERY ROOM		134,666	7,402,066	275,505	
39	DELIVERY ROOM & LABOR ROO		56,994	3,950,836	2,140,957	
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		1,640,288	82,764,119	3,079,745	
42	RADIOLOGY-THERAPEUTIC		644,336	9,212,281	56,727	
43	RADIOISOTOPE					
44	LABORATORY		282,589	43,122,663	3,783,911	
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		93,129	13,003,500	1,407,019	
50	PHYSICAL THERAPY		332,840	5,318,936	141,464	
51	OCCUPATIONAL THERAPY		281,186	3,176,379	55,238	
52	SPEECH PATHOLOGY		225,318	2,565,826	28,875	
53	ELECTROCARDIOLOGY		332,139	9,863,634	265,239	
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED		67,070	67,905,024	723,021	
56	DRUGS CHARGED TO PATIENTS		177,003	57,966,010	5,731,299	
57	RENAL DIALYSIS		102,244	1,670,921	101,144	
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		7,665	116,329		
60	01 OCC HL					
60	02 SISTER MAURA BRANNICK HEA		3,138	500,310		
60	03 FAMILY MEDICINE CENTER		16,295	3,288,603		
60	04 WND CA		551			
60	05 OUTPATIENT TREATMENT & IN		222,091	1,219,052		
60	06 PED CL		6,706	467,860		
61	EMERGENCY		624,606	16,309,374	574,500	
62	OBSERVATION BEDS (NON-DIS		237,638	4,514,183		
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL		7,862,572	406,253,400	23,672,849	

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE      CAPITAL COSTS      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008

15-0012      I FROM 7/ 1/2007      I WORKSHEET D

15-0012      I COMPONENT NO:      I TO 6/30/2008      I PART II

15-0012      I

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.033012	175,234
38	RECOVERY ROOM	.018193	5,012
39	DELIVERY ROOM & LABOR ROO	.014426	30,885
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.019819	61,037
42	RADIOLOGY-THERAPEUTIC	.069943	3,968
43	RADIOISOTOPE		
44	LABORATORY	.006553	24,796
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.007162	10,077
50	PHYSICAL THERAPY	.062576	8,852
51	OCCUPATIONAL THERAPY	.088524	4,890
52	SPEECH PATHOLOGY	.087815	2,536
53	ELECTROCARDIOLOGY	.033673	8,931
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.000988	714
56	DRUGS CHARGED TO PATIENTS	.003054	17,503
57	RENAL DIALYSIS	.061190	6,189
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.065891	
60	01 OCC HL		
60	02 SISTER MAURA BRANNICK HEA	.006272	
60	03 FAMILY MEDICINE CENTER	.004955	
60	04 WND CA		
60	05 OUTPATIENT TREATMENT & IN	.182183	
60	06 PED CL	.014333	
61	EMERGENCY	.038297	22,002
62	OBSERVATION BEDS (NON-DIS	.052643	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		382,626

PPS

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008

SERVICE OTHER PASS THROUGH COSTS      I 15-0012      I FROM 7/ 1/2007      I WORKSHEET D

TITLE XIX      I      I TO 6/30/2008      I PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		3,246,722		3,246,722	46,768	69.42
26	INTENSIVE CARE UNIT		260,031		260,031	4,852	53.59
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U		130,751		130,751	2,161	60.50
31	SUBPROVIDER		337,872		337,872	5,955	56.74
33	NURSERY		2,025		2,025	2,261	.90
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL		3,977,401		3,977,401	61,997	

Health Financial Systems	MCRIF32	FOR ST JOSEPH REG MED CTR - SB CAMPUS	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO:	I PERIOD: I PREPARED 11/24/2008
SERVICE OTHER PASS THROUGH COSTS		I 15-0012	I FROM 7/ 1/2007 I WORKSHEET D
TITLE XIX		I	I TO 6/30/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,313	507,668
26	INTENSIVE CARE UNIT	630	33,762
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U	888	53,724
31	SUBPROVIDER	285	16,171
33	NURSERY	883	795
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	9,999	612,120

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005)  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-0012 I

TITLE XIX		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			677,241			
38	RECOVERY ROOM			28,066			
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			127,107			
42	RADIOLOGY-THERAPEUTIC			810			
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY			280,660			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS			28,066			
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OCC HL			14,033			
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER			1,024,408			
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY			541,027			
62	OBSERVATION BEDS (NON-DIS			37,512			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			2,758,930			

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-0012 I

TITLE XIX		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL	O/P PASS THRU	TOTAL	RATIO OF COST O/P RATIO OF	INPAT PROG	INPAT PROG		
LINE NO.		COSTS	COSTS	CHARGES	TO CHARGES CST TO CHARGES	CHARGE	PASS THRU		
		3	3.01	4	5	6	7		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	677,241	677,241	71,915,494	.009417	5,308,205	49,987		
38	RECOVERY ROOM	28,066	28,066	7,402,066	.003792	275,505	1,045		
39	DELIVERY ROOM & LABOR ROO			3,950,836		2,140,957			
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	127,107	127,107	82,764,119	.001536	3,079,745	4,730		
42	RADIOLOGY-THERAPEUTIC	810	810	9,212,281	.000088	56,727	5		
43	RADIOISOTOPE								
44	LABORATORY			43,122,663		3,783,911			
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			13,003,500		1,407,019			
50	PHYSICAL THERAPY			5,318,936		141,464			
51	OCCUPATIONAL THERAPY			3,176,379		55,238			
52	SPEECH PATHOLOGY			2,565,826		28,875			
53	ELECTROCARDIOLOGY	280,660	280,660	9,863,634	.028454	265,239	7,547		
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED			67,905,024		723,021			
56	DRUGS CHARGED TO PATIENTS			57,966,010		5,731,299			
57	RENAL DIALYSIS	28,066	28,066	1,670,921	.016797	101,144	1,699		
58	ASC (NON-DISTINCT PART)								
60	OUTPAT SERVICE COST CNTRS								
60	CLINIC			116,329					
60	01 OCC HL	14,033	14,033						
60	02 SISTER MAURA BRANNICK HEA			500,310					
60	03 FAMILY MEDICINE CENTER	1,024,408	1,024,408	3,288,603	.311502				
60	04 WND CA								
60	05 OUTPATIENT TREATMENT & IN			1,219,052					
60	06 PED CL			467,860					
61	EMERGENCY	541,027	541,027	16,309,374	.033173	574,500	19,058		
62	OBSERVATION BEDS (NON-DIS	37,512	37,512	4,514,183	.008310				
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	2,758,930	2,758,930	406,253,400		23,672,849	84,071		

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-0012 I

TITLE XIX		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OCC HL						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(09/1996)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE      CAPITAL COSTS      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008

15-0012      I FROM 7/ 1/2007      I WORKSHEET D

15-T012      I TO 6/30/2008      I PART II

PPS

TITLE XIX		SUBPROVIDER 1		PPS	
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES
		1	2	3	4
					5
					6
37	ANCILLARY SRVC COST CNTRS				
38	OPERATING ROOM		2,374,080	71,915,494	7,333
39	RECOVERY ROOM		134,666	7,402,066	
40	DELIVERY ROOM & LABOR ROO		56,994	3,950,836	
41	ANESTHESIOLOGY				
42	RADIOLOGY-DIAGNOSTIC		1,640,288	82,764,119	13,721
43	RADIOLOGY-THERAPEUTIC		644,336	9,212,281	
44	RADIOISOTOPE				
45	LABORATORY		282,589	43,122,663	26,943
46	PBP CLINICAL LAB SERVICES				
47	WHOLE BLOOD & PACKED RED				
48	BLOOD STORING, PROCESSING				
49	INTRAVENOUS THERAPY				
50	RESPIRATORY THERAPY		93,129	13,003,500	8,205
51	PHYSICAL THERAPY		332,840	5,318,936	40,862
52	OCCUPATIONAL THERAPY		281,186	3,176,379	51,422
53	SPEECH PATHOLOGY		225,318	2,565,826	22,252
54	ELECTROCARDIOLOGY		332,139	9,863,634	
55	ELECTROENCEPHALOGRAPHY				
56	MEDICAL SUPPLIES CHARGED		67,070	67,905,024	4,166
57	DRUGS CHARGED TO PATIENTS		177,003	57,966,010	127,142
58	RENAL DIALYSIS		102,244	1,670,921	6,019
59	ASC (NON-DISTINCT PART)				
60	OUTPAT SERVICE COST CNTRS				
60	CLINIC		7,665	116,329	8,513
60	01 OCC HL				
60	02 SISTER MAURA BRANNICK HEA		3,138	500,310	
60	03 FAMILY MEDICINE CENTER		16,295	3,288,603	
60	04 WND CA		551		
60	05 OUTPATIENT TREATMENT & IN		222,091	1,219,052	
60	06 PED CL		6,706	467,860	
61	EMERGENCY		624,606	16,309,374	
62	OBSERVATION BEDS (NON-DIS		237,638	4,514,183	
63	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-REN				
67	DURABLE MEDICAL EQUIP-SOL				
101	TOTAL		7,862,572	406,253,400	316,578

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE      CAPITAL COSTS      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008

15-0012      I FROM 7/ 1/2007      I WORKSHEET D

15-T012      I TO 6/30/2008      I PART II

PPS

TITLE XIX		SUBPROVIDER 1	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.033012	242
39	RECOVERY ROOM	.018193	
40	DELIVERY ROOM & LABOR ROO	.014426	
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC	.019819	272
43	RADIOLOGY-THERAPEUTIC	.069943	
44	RADIOISOTOPE		
45	LABORATORY	.006553	177
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY	.007162	59
51	PHYSICAL THERAPY	.062576	2,557
52	OCCUPATIONAL THERAPY	.088524	4,552
53	SPEECH PATHOLOGY	.087815	1,954
54	ELECTROCARDIOLOGY	.033673	
55	ELECTROENCEPHALOGRAPHY		
56	MEDICAL SUPPLIES CHARGED	.000988	4
57	DRUGS CHARGED TO PATIENTS	.003054	388
58	RENAL DIALYSIS	.061190	368
60	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.065891	561
60	01 OCC HL		
60	02 SISTER MAURA BRANNICK HEA	.006272	
60	03 FAMILY MEDICINE CENTER	.004955	
60	04 WND CA		
60	05 OUTPATIENT TREATMENT & IN	.182183	
60	06 PED CL	.014333	
61	EMERGENCY	.038297	
62	OBSERVATION BEDS (NON-DIS	.052643	
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		11,134

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005)  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-T012 I

TITLE XIX		SUBPROVIDER 1		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			677,241			
38	RECOVERY ROOM			28,066			
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			127,107			
42	RADIOLOGY-THERAPEUTIC			810			
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY			280,660			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS			28,066			
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OCC HL			14,033			
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER			1,024,408			
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY			541,027			
62	OBSERVATION BEDS (NON-DIS			37,512			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			2,758,930			

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-T012 I

TITLE XIX		SUBPROVIDER 1		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P COST	RATIO OF COST TO CHARGES	INPAT CHARGE	INPAT PASS THRU COST
LINE NO.		3	3.01	4	5		5.01	6	7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	677,241	677,241	71,915,494	.009417		.009417	7,333	69
38	RECOVERY ROOM	28,066	28,066	7,402,066	.003792		.003792		
39	DELIVERY ROOM & LABOR ROO			3,950,836					
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	127,107	127,107	82,764,119	.001536		.001536	13,721	21
42	RADIOLOGY-THERAPEUTIC	810	810	9,212,281	.000088		.000088		
43	RADIOISOTOPE								
44	LABORATORY			43,122,663				26,943	
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			13,003,500				8,205	
50	PHYSICAL THERAPY			5,318,936				40,862	
51	OCCUPATIONAL THERAPY			3,176,379				51,422	
52	SPEECH PATHOLOGY			2,565,826				22,252	
53	ELECTROCARDIOLOGY	280,660	280,660	9,863,634	.028454		.028454		
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED			67,905,024				4,166	
56	DRUGS CHARGED TO PATIENTS			57,966,010				127,142	
57	RENAL DIALYSIS	28,066	28,066	1,670,921	.016797		.016797	6,019	101
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			116,329				8,513	
60	01 OCC HL	14,033	14,033						
60	02 SISTER MAURA BRANNICK HEA			500,310					
60	03 FAMILY MEDICINE CENTER	1,024,408	1,024,408	3,288,603	.311502		.311502		
60	04 WND CA								
60	05 OUTPATIENT TREATMENT & IN			1,219,052					
60	06 PED CL			467,860					
61	EMERGENCY	541,027	541,027	16,309,374	.033173		.033173		
62	OBSERVATION BEDS (NON-DIS	37,512	37,512	4,514,183	.008310		.008310		
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	2,758,930	2,758,930	406,253,400				316,578	191

Health Financial Systems MCRIF32 FOR ST JOSEPH REG MED CTR - SB CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008  
 OTHER PASS THROUGH COSTS I 15-0012 I FROM 7/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2008 I PART IV  
 I 15-T012 I

TITLE XIX		SUBPROVIDER 1				PPS	
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OCC HL						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
	TOTAL						

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TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	46,768
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	46,768
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	46,768
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	22,089
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	41,732,991
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	41,732,991
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	59,459,835
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	59,459,835
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.701869
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,271.38
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	41,732,991

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TITLE XVIII PART A HOSPITAL PPS  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					892.34
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					19,710,898
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					19,710,898

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	5,855,154	4,852	1,206.75	2,348
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	NEONATAL INTENSIVE CARE UNIT	1,794,366	2,161	830.34	

48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1	32,790,596
49	TOTAL PROGRAM INPATIENT COSTS					55,334,943

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					2,686,330
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,524,343
52	TOTAL PROGRAM EXCLUDABLE COST					4,210,673
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					51,124,270

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
 SERVICE COST  
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
 68 PROGRAM ROUTINE SERVICE COST  
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
 72 PER DIEM CAPITAL-RELATED COSTS  
 73 PROGRAM CAPITAL-RELATED COSTS  
 74 INPATIENT ROUTINE SERVICE COST  
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
 78 INPATIENT ROUTINE SERVICE COST LIMITATION  
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
 80 PROGRAM INPATIENT ANCILLARY SERVICES  
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 2,434  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 892.34  
 85 OBSERVATION BED COST 2,171,956

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		41,732,991		2,171,956	
87 NEW CAPITAL-RELATED COST	4,566,088	41,732,991	.109412	2,171,956	237,638
88 NON PHYSICIAN ANESTHETIST		41,732,991		2,171,956	
89 MEDICAL EDUCATION	720,785	41,732,991	.017271	2,171,956	37,512
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

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	I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
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TITLE XVIII PART A      SUBPROVIDER I      PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,955
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,955
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,955
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,681
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,789,362
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,789,362
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,142,277
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,142,277
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.942543
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,031.45
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,789,362

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TITLE XVIII PART A SUBPROVIDER I PPS  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	972.19
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,578,631
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,578,631

TOTAL	TOTAL	AVERAGE	PROGRAM
I/P COST	I/P DAYS	PER DIEM	DAYS
1	2	3	4

42	NURSERY (TITLE V & XIX ONLY)	1
	INTENSIVE CARE TYPE INPATIENT	
	HOSPITAL UNITS	
43	INTENSIVE CARE UNIT	
44	CORONARY CARE UNIT	
45	BURN INTENSIVE CARE UNIT	
46	SURGICAL INTENSIVE CARE UNIT	
47	NEONATAL INTENSIVE CARE UNIT	

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1,780,712
49	TOTAL PROGRAM INPATIENT COSTS	5,359,343

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	357,978
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	193,331
52	TOTAL PROGRAM EXCLUDABLE COST	551,309
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	4,808,034

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

## 1

PART IV - COMPUTATION OF OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		5,789,362			
87	NEW CAPITAL-RELATED COST	578,057	5,789,362	.099848		
88	NON PHYSICIAN ANESTHETIST		5,789,362			
89	MEDICAL EDUCATION	1,080	5,789,362	.000187		
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

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	I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
	I	15-0012	I		I	

TITLE XIX - I/P      HOSPITAL      PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	46,768
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	46,768
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	46,768
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,313
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,261
16	NURSERY DAYS (TITLE V OR XIX ONLY)	883

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	44,258,928
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	44,258,928
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,577,975
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,577,975
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	4.620907
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	204.80
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	44,258,928

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TITLE XIX - I/P HOSPITAL PPS  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					946.35
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,920,658
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,920,658
		TOTAL	TOTAL	AVERAGE	PROGRAM	
		I/P COST	I/P DAYS	PER DIEM	DAYS	PROGRAM
		1	2	3	4	COST
42	NURSERY (TITLE V & XIX ONLY)	2,563,251	2,261	1,133.68	883	1,001,039
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	6,065,649	4,852	1,250.13	630	787,582
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	NEONATAL INTENSIVE CARE UNIT	1,920,663	2,161	888.78	888	789,237
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					6,428,688
49	TOTAL PROGRAM INPATIENT COSTS					15,927,204
						PASS THROUGH COST ADJUSTMENTS
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,398,875
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					466,697
52	TOTAL PROGRAM EXCLUDABLE COST					1,865,572
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					14,061,632
						TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)
	PROGRAM INPATIENT ROUTINE SWING BED COST
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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TITLE XIX - I/P HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST 1  
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
 68 PROGRAM ROUTINE SERVICE COST  
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
 72 PER DIEM CAPITAL-RELATED COSTS  
 73 PROGRAM CAPITAL-RELATED COSTS  
 74 INPATIENT ROUTINE SERVICE COST  
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
 78 INPATIENT ROUTINE SERVICE COST LIMITATION  
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
 80 PROGRAM INPATIENT ANCILLARY SERVICES  
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 2,434  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 946.35  
 85 OBSERVATION BED COST 2,303,416

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		44,258,928		2,303,416	
87 NEW CAPITAL-RELATED COST	4,566,088	44,258,928	.103168	2,303,416	237,639
88 NON PHYSICIAN ANESTHETIST		44,258,928		2,303,416	
89 MEDICAL EDUCATION	3,246,722	44,258,928	.073357	2,303,416	168,972
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

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TITLE XIX - I/P SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,955
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,955
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,955
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	285
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,126,154
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	6,126,154
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	238,321
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	238,321
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	25.705473
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	40.02
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,126,154

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TITLE XIX - I/P SUBPROVIDER I PPS  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

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PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,028.74
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	293,191
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	293,191

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	NEONATAL INTENSIVE CARE UNIT				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	116,791
49	TOTAL PROGRAM INPATIENT COSTS	409,982

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	43,836
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	11,325
52	TOTAL PROGRAM EXCLUDABLE COST	55,161
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	354,821

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P SUBPROVIDER I PPS

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66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
    SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

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83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,028.74
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		6,126,154			
87	NEW CAPITAL-RELATED COST	578,057	6,126,154	.094359		
88	NON PHYSICIAN ANESTHETIST		6,126,154			
89	MEDICAL EDUCATION	1,080	6,126,154	.000176		
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

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TITLE XVIII, PART A		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION		RATIO COST	INPATIENT	INPATIENT
LINE NO.			TO CHARGES	CHARGES	COST
			1	2	3
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS			29,992,472	
27	INTENSIVE CARE UNIT			4,265,565	
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
30	SURGICAL INTENSIVE CARE UNIT				
31	NEONATAL INTENSIVE CARE UNIT				
37	SUBPROVIDER				
38	ANCILLARY SRVC COST CNTRS				
39	OPERATING ROOM	.351957	19,792,960	6,966,271	
40	RECOVERY ROOM	.269188	1,680,370	452,335	
41	DELIVERY ROOM & LABOR ROOM	.174439	12,490	2,179	
42	ANESTHESIOLOGY				
43	RADIOLOGY-DIAGNOSTIC	.188635	14,850,836	2,801,387	
44	RADIOLOGY-THERAPEUTIC	.341457	206,248	70,425	
45	RADIOISOTOPE				
46	LABORATORY	.264353	15,370,479	4,063,232	
47	PBP CLINICAL LAB SERVICES-PRGM ONLY				
48	WHOLE BLOOD & PACKED RED BLOOD CELLS				
49	BLOOD STORING, PROCESSING & TRANS.				
50	INTRAVENOUS THERAPY				
51	RESPIRATORY THERAPY	.211835	4,725,184	1,000,959	
52	PHYSICAL THERAPY	.536423	861,241	461,989	
53	OCCUPATIONAL THERAPY	.511376	468,697	239,680	
54	SPEECH PATHOLOGY	.615127	279,229	171,761	
55	ELECTROCARDIOLOGY	.221026	1,330,078	293,982	
56	ELECTROENCEPHALOGRAPHY				
57	MEDICAL SUPPLIES CHARGED TO PATIENTS	.365041	28,898,293	10,549,062	
58	DRUGS CHARGED TO PATIENTS	.247810	18,818,446	4,663,399	
59	RENAL DIALYSIS	.232839	525,113	122,267	
60	ASC (NON-DISTINCT PART)				
61	OUTPAT SERVICE COST CNTRS				
62	CLINIC	.733334			
63	01 OCC HL				
64	02 SISTER MAURA BRANNICK HEALTH CENTER	2.030427			
65	03 FAMILY MEDICINE CENTER	.447728			
66	04 WND CA				
67	05 OUTPATIENT TREATMENT & INFUSION	.720636			
68	06 PED CL	1.116894			
69	EMERGENCY	.435896	2,137,362	931,668	
70	OBSERVATION BEDS (NON-DISTINCT PART)	.481140			
71	OTHER REIMBURS COST CNTRS				
72	HOME PROGRAM DIALYSIS				
73	AMBULANCE SERVICES				
74	DURABLE MEDICAL EQUIP-RENTED				
75	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		109,957,026	32,790,596	
102	LESS PBP CLINIC LABORATORY SERVICES -				
103	PROGRAM ONLY CHARGES				
	NET CHARGES		109,957,026		

TITLE XVIII, PART A		SUBPROVIDER 1	PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
LINE NO.				
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	NEONATAL INTENSIVE CARE UNIT			
	SUBPROVIDER		3,750,780	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.351957	72,868	25,646
39	RECOVERY ROOM	.269188	8,030	2,162
40	DELIVERY ROOM & LABOR ROOM	.174439		
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	.188635	259,720	48,992
43	RADIOLOGY-THERAPEUTIC	.341457	8,917	3,045
44	RADIOISOTOPE			
45	LABORATORY	.264353	554,319	146,536
46	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	BLOOD STORING, PROCESSING & TRANS.			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	.211835	271,324	57,476
51	PHYSICAL THERAPY	.536423	759,599	407,466
52	OCCUPATIONAL THERAPY	.511376	1,095,875	560,404
53	SPEECH PATHOLOGY	.615127	232,458	142,991
54	ELECTROCARDIOLOGY	.221026	15,784	3,489
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.365041	81,741	29,839
57	DRUGS CHARGED TO PATIENTS	.247810	1,118,190	277,099
58	RENAL DIALYSIS	.232839	47,310	11,016
	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.733334	73,614	53,984
60	01 OCC HL			
60	02 SISTER MAURA BRANNICK HEALTH CENTER	2.030427		
60	03 FAMILY MEDICINE CENTER	.447728		
60	04 WND CA			
60	05 OUTPATIENT TREATMENT & INFUSION	.720636	14,479	10,434
60	06 PED CL	1.116894		
61	EMERGENCY	.435896	305	133
62	OBSERVATION BEDS (NON-DISTINCT PART)	.481140		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		4,614,533	1,780,712
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,614,533	

TITLE XIX		HOSPITAL	PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		9,722,400	
27	INTENSIVE CARE UNIT		1,462,238	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	NEONATAL INTENSIVE CARE UNIT		2,151,412	
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.360738	5,308,205	1,914,871
38	RECOVERY ROOM	.272979	275,505	75,207
39	DELIVERY ROOM & LABOR ROOM	.174439	2,140,957	373,466
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.190161	3,079,745	585,647
42	RADIOLOGY-THERAPEUTIC	.341457	56,727	19,370
43	RADIOISOTOPE			
44	LABORATORY	.264353	3,783,911	1,000,288
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.211835	1,407,019	298,056
50	PHYSICAL THERAPY	.536423	141,464	75,885
51	OCCUPATIONAL THERAPY	.511376	55,238	28,247
52	SPEECH PATHOLOGY	.615127	28,875	17,762
53	ELECTROCARDIOLOGY	.249480	265,239	66,172
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.365041	723,021	263,932
56	DRUGS CHARGED TO PATIENTS	.247810	5,731,299	1,420,273
57	RENAL DIALYSIS	.249635	101,144	25,249
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.733334		
60	01 OCC HL			
60	02 SISTER MAURA BRANNICK HEALTH CENTER	2.030427		
60	03 FAMILY MEDICINE CENTER	.759230		
60	04 WND CA			
60	05 OUTPATIENT TREATMENT & INFUSION	.720636		
60	06 PED CL	1.116894		
61	EMERGENCY	.459988	574,500	264,263
62	OBSERVATION BEDS (NON-DISTINCT PART)	.481140		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		23,672,849	6,428,688
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		23,672,849	

TITLE XIX		SUBPROVIDER 1	PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	NEONATAL INTENSIVE CARE UNIT			
	SUBPROVIDER		218,141	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.360738	7,333	2,645
38	RECOVERY ROOM	.272979		
39	DELIVERY ROOM & LABOR ROOM	.174439		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.190161	13,721	2,609
42	RADIOLOGY-THERAPEUTIC	.341457		
43	RADIOISOTOPE			
44	LABORATORY	.264353	26,943	7,122
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.211835	8,205	1,738
50	PHYSICAL THERAPY	.536423	40,862	21,919
51	OCCUPATIONAL THERAPY	.511376	51,422	26,296
52	SPEECH PATHOLOGY	.615127	22,252	13,688
53	ELECTROCARDIOLOGY	.249480		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.365041	4,166	1,521
56	DRUGS CHARGED TO PATIENTS	.247810	127,142	31,507
57	RENAL DIALYSIS	.249635	6,019	1,503
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.733334	8,513	6,243
60 01	OCC HL			
60 02	SISTER MAURA BRANNICK HEALTH CENTER	2.030427		
60 03	FAMILY MEDICINE CENTER	.759230		
60 04	WND CA			
60 05	OUTPATIENT TREATMENT & INFUSION	.720636		
60 06	PED CL	1.116894		
61	EMERGENCY	.459988		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.481140		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		316,578	116,791
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		316,578	

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96 (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0012	I	FROM 7/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2008	I	PART A
I	15-0012	I		I	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	95,462	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18,794,508	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	19,745,041	
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	68,966	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	62,025	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	158,645	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	670,281	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD INDIRECT MEDICAL EDUCATION ADJUSTMENT	237.19	
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	17.61	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	5.45	
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
E-3 PT 6 LN 15 PLUS LN 3.06	16.59	5.45
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		22.04
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		22.48
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		3.00
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		25.04
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		25.40
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		17.59
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		22.68
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.095620
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.094741
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		.094741
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		8,104
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		950,539
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		1,003,325
SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	1,961,968	1,961,968
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.38
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		18.08
4.02 SUM OF LINES 4 AND 4.01		22.46
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		7.90
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,052,166
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		



Health Financial Systems	MCRIF32	FOR ST JOSEPH REG MED CTR - SB	CAMPUS	IN LIEU OF FORM CMS-2552-96 (05/2007)
CALCULATION OF REIMBURSEMENT SETTLEMENT		I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
		I 15-0012	I FROM 7/ 1/2007	I WORKSHEET E
		I COMPONENT NO:	I TO 6/30/2008	I PART A
		I 15-0012	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL			
DESCRIPTION		1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.			
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK			
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00	
5.06 TOTAL ADDITIONAL PAYMENT			
6 SUBTOTAL (SEE INSTRUCTIONS)		44,319,426	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)			
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)			
FY BEG. 10/1/2000			
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		44,319,426	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		3,635,296	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL			
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		979,747	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE			
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES			
12 NET ORGAN ACQUISITION COST			
13 COST OF TEACHING PHYSICIANS			
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		364,364	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		32,164	
16 TOTAL		49,330,997	
17 PRIMARY PAYER PAYMENTS		56,758	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		49,274,239	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		3,925,120	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		101,976	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		468,046	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		327,632	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
22 SUBTOTAL		45,574,775	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
24 OTHER ADJUSTMENTS (SPECIFY)			
24.99 OUTLIER RECONCILIATION ADJUSTMENT			
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
26 AMOUNT DUE PROVIDER		45,574,775	
27 SEQUESTRATION ADJUSTMENT			
28 INTERIM PAYMENTS		44,379,530	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
29 BALANCE DUE PROVIDER (PROGRAM)		1,195,245	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			
----- FI ONLY -----			
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01			
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01			
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)			
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)			
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY			
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)			

Health Financial Systems	MCRIF32	FOR ST JOSEPH REG MED CTR - SB CAMPUS	IN LIEU OF FORM CMS-2552-96 (04/2005)
		I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008	
CALCULATION OF REIMBURSEMENT SETTLEMENT		I 15-0012 I FROM 7/ 1/2007 I WORKSHEET E	
		I COMPONENT NO: I TO 6/30/2008 I PART B	
		I 15-0012 I I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	23,440
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,081,302
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,880,944
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	21,265
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	23,440
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	89,078
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	89,078
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	89,078
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	65,638
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	23,440
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,902,209
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,413
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,434,526
19	SUBTOTAL (SEE INSTRUCTIONS)	7,488,710
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	179,506
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,668,216
24	PRIMARY PAYER PAYMENTS	6,857
25	SUBTOTAL	7,661,359
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	312,449
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	218,714
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	7,880,073
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	219
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	7,879,854
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,010,865
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-131,011
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII	HOSPITAL
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DESCRIPTION

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,  
EITHER SUBMITTED OR TO BE SUBMITTED TO THE  
INTERMEDIARY, FOR SERVICES RENDERED IN THE COST  
REPORTING PERIOD. IF NONE, WRITE "NONE" OR  
ENTER A ZERO.  
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT  
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM  
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE  
OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A  
ZERO. (1)

4	INTERIM PAYMENTS					
		ADJUSTMENTS TO PROVIDER	.01	1/14/2008	28,187	1/14/2008 13,634
		ADJUSTMENTS TO PROVIDER	.02			
		ADJUSTMENTS TO PROVIDER	.03			
		ADJUSTMENTS TO PROVIDER	.04			
		ADJUSTMENTS TO PROVIDER	.05			
		ADJUSTMENTS TO PROGRAM	.50			
		ADJUSTMENTS TO PROGRAM	.51			
		ADJUSTMENTS TO PROGRAM	.52			
		ADJUSTMENTS TO PROGRAM	.53			
		ADJUSTMENTS TO PROGRAM	.54			
	SUBTOTAL		.99		28,187	13,634
4	TOTAL INTERIM PAYMENTS				44,379,530	8,010,865

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT  
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.  
IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

IF NONE, WRITE NONE OR ENTER "ZERU" (2)	TENTATIVE TO PROVIDER	.01
	TENTATIVE TO PROVIDER	.02
	TENTATIVE TO PROVIDER	.03
	TENTATIVE TO PROGRAM	.50
	TENTATIVE TO PROGRAM	.51
	TENTATIVE TO PROGRAM	.52
SUBTOTAL		.99

SUBTOTAL		.99
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02
BASED ON COST REPORT (1)		

7 TOTAL MEDICARE PROGRAM LIABILITY  
NAME OF INTERMEDIARY:

NAME OF INTERMED  
INTERMEDIARY NO.

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

DESCRIPTION

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,  
EITHER SUBMITTED OR TO BE SUBMITTED TO THE  
INTERMEDIARY, FOR SERVICES RENDERED IN THE COST  
REPORTING PERIOD. IF NONE, WRITE "NONE" OR  
ENTER A ZERO.  
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT  
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM  
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE  
OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A  
ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54

SUBTOTAL  
4 TOTAL INTERIM PAYMENTS

NONE	NONE
4,626,986	

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT  
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.  
IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE	TO PROVIDER	.01
TENTATIVE	TO PROVIDER	.02
TENTATIVE	TO PROVIDER	.03
TENTATIVE	TO PROGRAM	.50
TENTATIVE	TO PROGRAM	.51
TENTATIVE	TO PROGRAM	.52

SUBTOTAL

NONE

6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02
BASED ON COST REPORT (1)		

7 TOTAL MEDICARE PROGRAM LIABILITY  
NAME OF INTERMEDIARY:

NAME OF INTERMED  
INTERMEDIARY NO:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

Health Financial Systems	MCRIF32	FOR ST JOSEPH REG MED CTR - SB	CAMPUS	IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
CALCULATION OF REIMBURSEMENT SETTLEMENT		I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
		I 15-0012	I FROM 7/ 1/2007	I WORKSHEET E-3
		I COMPONENT NO:	I TO 6/30/2008	I PART I
		I 15-T012	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,107,051
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0411
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	223,912
1.05	OUTLIER PAYMENTS	48,233
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,395,115
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/\text{LINE } 1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	.80
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	.07
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	.07
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	16.270492
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/\text{LINE } 1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	.003876
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	15,919
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,395,115
5	PRIMARY PAYER PAYMENTS	-51,037
6	SUBTOTAL	4,446,152
7	DEDUCTIBLES	16,032
8	SUBTOTAL	4,430,120
9	COINSURANCE	36,360
10	SUBTOTAL	4,393,760
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	4,318
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,023
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,396,783
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	716
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	

15.99 OUTLIER RECONCILIATION ADJUSTMENT

16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS

Health Financial Systems	MCRIF32	FOR ST JOSEPH REG MED CTR - SB CAMPUS	IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
		I PROVIDER NO:	I PERIOD:
		I 15-0012	I FROM 7/ 1/2007
		I COMPONENT NO:	I TO 6/30/2008
		I 15-T012	I

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PREPARED 11/24/2008  
 WORKSHEET E-3  
 PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,397,499
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19.01	INTERIM PAYMENTS	4,626,986
20	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
21	BALANCE DUE PROVIDER/PROGRAM	-229,487
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
	----- FI ONLY -----	
50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)	
	OR 1.09 (IPF).	
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE	
	OF MONEY. (SEE INSTRUCTIONS).	
53	ENTER THE TIME VALUE OF MONEY.	

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
CALCULATION OF REIMBURSEMENT SETTLEMENT	I	15-0012	I	FROM 7/ 1/2007	I	WORKSHEET E-3
	I	COMPONENT NO:	I	TO 6/30/2008	I	PART III
	I	-	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	REASONABLE CHARGES			
13	ROUTINE SERVICE CHARGES		9,577,975	
14	ANCILLARY SERVICE CHARGES		23,672,849	
15	INTERNS AND RESIDENTS SERVICE CHARGES			
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17	TEACHING PHYSICIANS			
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
19	TOTAL REASONABLE CHARGES		33,250,824	
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		33,250,824	
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		33,250,824	
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES			
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS		595,949	
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		84,071	
38	SUBTOTAL		680,020	
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
41	XVIII ENTER AMOUNT FROM LINE 30			
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44	EXCESS OF REASONABLE COST			
45	SUBTOTAL			
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54	UTILIZATION REVIEW			
55	SUBTOTAL (SEE INSTRUCTIONS)			
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68	OTHER ADJUSTMENTS (SPECIFY)			
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71	SUBTOTAL			
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76	INTERIM PAYMENTS			
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78	BALANCE DUE PROVIDER/PROGRAM			
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems      MCRIF32                      FOR ST JOSEPH REG MED CTR - SB CAMPUS                      IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
I PROVIDER NO:                      I PERIOD:                      I PREPARED 11/24/2008  
I 15-0012                      I FROM 7/ 1/2007                      I WORKSHEET E-3  
I COMPONENT NO:                      I TO 6/30/2008                      I PART III  
I -                      I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX                      HOSPITAL

PPS  
TITLE V OR                      TITLE XVIII  
TITLE XIX                      SNF PPS  
1                      2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

	I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
CALCULATION OF REIMBURSEMENT SETTLEMENT	I 15-0012	I FROM 7/ 1/2007	I WORKSHEET E-3
	I COMPONENT NO:	I TO 6/30/2008	I PART III
	I 15-T012	I	I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER 1	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	REASONABLE CHARGES			
13	ROUTINE SERVICE CHARGES		238,321	
14	ANCILLARY SERVICE CHARGES		316,578	
15	INTERNS AND RESIDENTS SERVICE CHARGES			
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17	TEACHING PHYSICIANS			
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
19	TOTAL REASONABLE CHARGES		554,899	
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		554,899	
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		554,899	
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES			
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS		16,171	
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		191	
38	SUBTOTAL		16,362	
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
41	XVIII ENTER AMOUNT FROM LINE 30			
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44	EXCESS OF REASONABLE COST			
45	SUBTOTAL			
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54	UTILIZATION REVIEW			
55	SUBTOTAL (SEE INSTRUCTIONS)			
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68	OTHER ADJUSTMENTS (SPECIFY)			
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71	SUBTOTAL			
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76	INTERIM PAYMENTS			
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78	BALANCE DUE PROVIDER/PROGRAM			
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems      MCRIF32                      FOR ST JOSEPH REG MED CTR - SB CAMPUS                      IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
I PROVIDER NO:                      I PERIOD:                      I PREPARED 11/24/2008  
CALCULATION OF REIMBURSEMENT SETTLEMENT                      I 15-0012                      I FROM 7/ 1/2007                      I WORKSHEET E-3  
I COMPONENT NO:                      I TO 6/30/2008                      I PART III  
I 15-T012                      I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX                      SUBPROVIDER 1

PPS  
TITLE V OR                      TITLE XVIII  
TITLE XIX                      SNF PPS  
1                      2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)  
DIRECT GRADUATE MEDICAL EDUCATION (GME)      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
& ESRD OUTPATIENT DIRECT MEDICAL      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET E-3  
EDUCATION COSTS      I TO 6/30/2008 I PART IV

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)			
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY			
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)			
3	AGGREGATE APPROVED AMOUNT			
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96			22.87
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g) (6)			
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g) (4) . E-3, PT 6 LN 4 + LINE 3.03			4.64
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	20.73	4.64	25.37
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS			24.58
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.			24.58
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			.50
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.			25.08
3.10	SEE INSTRUCTIONS			25.08
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			3.00
3.12	SEE INSTRUCTIONS			3.50
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			24.66
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			16.33
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS	14.83
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)			14.83
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.			100,734.88
3.18	SEE INSTRUCTIONS			1,493,898
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)			
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)			
3.21	SEE INSTRUCTIONS		RES INIT YEARS	8.19
3.22	SEE INSTRUCTIONS			8.19
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			106,051.28
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			868,560
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			2,362,458

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS			28,118
5	TOTAL INPATIENT DAYS			57,302
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11		.490698
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,159,253		1,159,253
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			57,302
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)			100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.			
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)			
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD			

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			1,670,921
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)  
DIRECT GRADUATE MEDICAL EDUCATION (GME)      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
& ESRD OUTPATIENT DIRECT MEDICAL      I 15-0012      I FROM 7/ 1/2007      I WORKSHEET E-3  
EDUCATION COSTS      I      I TO 6/30/2008      I PART IV

TITLE XVIII		
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	
APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST (SEE INSTRUCTIONS)	60,694,286
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	5,721
16	TOTAL PART A REASONABLE COST	60,688,565
PART B REASONABLE COST		
17	REASONABLE COST	11,126,007
18	PRIMARY PAYER PAYMENTS	6,857
19	TOTAL PART B REASONABLE COST	11,119,150
20	TOTAL REASONABLE COST	71,807,715
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.845154
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.154846
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	1,159,253
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	979,747
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	179,506

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96-E-3-6 (02/2006)  
CALCULATION OF GME AND IME PAYMENTS FOR      I PROVIDER NO:      I PERIOD:      I PREPARED 11/24/2008  
REDISTRIBUTION OF UNUSED RESIDENCY SLOTS      I 15-0012      I FROM 7/ 1/2007 I WORKSHEET E-3  
I      I TO 6/30/2008 I PART VI

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	20.73	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	22.87	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	20.73	
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c) (4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )		
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	16.59	
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	17.61	
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	16.59	
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f) (1) (iv) (C).		
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)		
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)		
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.		
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		

BALANCE SHEET

ASSETS

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,626			
29 SALARIES, WAGES & FEES PAYABLE	6,377			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	615			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	986			
36 TOTAL CURRENT LIABILITIES	13,604			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	26,870			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	2,969			
42 TOTAL LONG-TERM LIABILITIES	29,839			
43 TOTAL LIABILITIES	43,443			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	87,483			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	87,483			
52 TOTAL LIABILITIES AND FUND BALANCES	130,926			

SPECIFIC PURPOSE FUND	
3	4

	ENDOWMENT FUND	PLANT FUND
	5	6
1 FUND BALANCE AT BEGINNING		7
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96 (09/1996)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	I	15-0012	I	FROM 7/ 1/2007	I	WORKSHEET G-2
	I		I	TO 6/30/2008	I	PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	65,013,820		65,013,820
2 00 SUBPROVIDER	6,157,577		6,157,577
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	71,171,397		71,171,397
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,479,198		12,479,198
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	3,256,500		3,256,500
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	15,735,698		15,735,698
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	86,907,095		86,907,095
17 00 ANCILLARY SERVICES	242,039,085		242,039,085
18 00 OUTPATIENT SERVICES		158,026,340	158,026,340
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	328,946,180	158,026,340	486,972,520

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	202,384,073
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	202,384,073

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96 (09/1996)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
STATEMENT OF REVENUES AND EXPENSES	I	15-0012	I	FROM 7/ 1/2007	I	WORKSHEET G-3
	I		I	TO 6/30/2008	I	

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	486,972,520
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	285,823,000
3	NET PATIENT REVENUES	201,149,520
4	LESS: TOTAL OPERATING EXPENSES	202,384,073
5	NET INCOME FROM SERVICE TO PATIENTS	-1,234,553
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	-3,080,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	2,068,000
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	6,968,000
25	TOTAL OTHER INCOME	5,956,000
26	TOTAL	4,721,447
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,721,447

Health Financial Systems	MCRIF32	FOR ST JOSEPH REG MED CTR - SB CAMPUS	IN LIEU OF FORM CMS-2552-96 (2/2006)
CALCULATION OF CAPITAL PAYMENT		I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008	
		I 15-0012 I FROM 7/ 1/2007 I WORKSHEET L	
		I COMPONENT NO: I TO 6/30/2008 I PARTS I-IV	
		I 15-0012 I I	
TITLE XVIII, PART A	HOSPITAL	FULLY PROSPECTIVE METHOD	

PART I - FULLY PROSPECTIVE METHOD	
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS
2	CAPITAL FEDERAL AMOUNT
3	CAPITAL DRG OTHER THAN OUTLIER
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS
4	IN THE COST REPORTING PERIOD
4 .01	NUMBER OF INTERNS AND RESIDENTS
4	(SEE INSTRUCTIONS)
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	(SEE INSTRUCTIONS)
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO
5	MEDICARE PART A PATIENT DAYS
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL
5	DAYS REPORTED ON S-3, PART I
5 .02	SUM OF 5 AND 5.01
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD	
1	NEW CAPITAL
2	OLD CAPITAL
3	TOTAL CAPITAL
4	RATIO OF NEW CAPITAL TO OLD CAPITAL
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7	REDUCED OLD CAPITAL AMOUNT
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9	SUBTOTAL
10	PAYMENT UNDER HOLD HARMLESS
PART III - PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST
3	TOTAL INPATIENT PROGRAM CAPITAL COST
4	CAPITAL COST PAYMENT FACTOR
5	TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY
2	CIRCUMSTANCES
3	NET PROGRAM INPATIENT CAPITAL COSTS
4	APPLICABLE EXCEPTION PERCENTAGE
5	CAPITAL COST FOR COMPARISON TO PAYMENTS
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY
6	CIRCUMSTANCES
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL
7	FOR EXTRAORDINARY CIRCUMSTANCES
8	CAPITAL MINIMUM PAYMENT LEVEL
9	CURRENT YEAR CAPITAL PAYMENTS
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT
10	LEVEL TO CAPITAL PAYMENTS
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT
11	LEVEL OVER CAPITAL PAYMENT
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL
12	TO CAPITAL PAYMENTS
13	CURRENT YEAR EXCEPTION PAYMENT
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT
14	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT
16	CURRENT YEAR OPERATING AND CAPITAL COSTS
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT
17	(SEE INSTRUCTIONS)

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL PROSPECTIVE SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	140.29
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	4.11
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.08
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	22.19
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.60
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

Health Financial Systems      MCRIF32      FOR ST JOSEPH REG MED CTR - SB CAMPUS      IN LIEU OF FORM CMS-2552-96 (2/2006)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
CALCULATION OF CAPITAL PAYMENT	I	15-0012	I	FROM 7/ 1/2007	I	WORKSHEET L
	I	COMPONENT NO:	I	TO 6/30/2008	I	PARTS I-IV
	I	15-0012	I		I	

TITLE XIX      HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

\*\*\*FINGERPRINT Line 1 CD3gAIgidRluKvjTtz3BewNq8bdXp0  
 \*\*\*FINGERPRINT Line 2 5FcMk0a67Zm.FdrLmJyhubI0v2p.pI  
 \*\*\*FINGERPRINT Line 3 c4gc8hs0NY0:eIEz